University of California
UCSF News 897

Nonprofit Org.
U.S. Postage

UCSF NEWS

Dental Research Aids Treatment Of Facial Defects

In California today, about one in 800 children is born with an orofacial defect. Says Dr. Egil P. Harvold, Professor of Dentistry at UCSF: "With their impairments in eating, hearing, learning to speak, and the personal and social handicaps such conditions impose, few patients present more persuasive evidence of the need for the coordinated skills of many specialists and the philosophy of treating the whole person, envisioning the child grown to adult."

The National Institutes of Health has awarded a $650,000 grant to Dr. Harvold and the Section of Orofacial Anomalies that he directs at the UCSF School of Dentistry to continue research in the abnormal development of the teeth, jaw, and face.

NIH has supported the Section's experimental and clinical investigations for the past ten years, and this award highlights 20 years of progress made in advancing knowledge and treatment of orofacial anomalies at UCSF. From its beginning in 1954, when it was known as the Cleft Palate Program, the Section of Orofacial Anomalies has developed into a research and treatment center that has created worldwide interest; it employs six full-time specialists who devote themselves exclusively to guiding the growth and development of children born with malformations of the face and mouth.

Almost since its beginning, the program has been aided by contributions from the Native Sons of the Golden West, and in 1958 the project was adopted as this organization's primary statewide charitable project. To date, the contributions made by the Native Sons total over $250,000. They have helped provide treatment to hundreds of children.

Cleft Palate Clinic

A Cleft Palate Clinic has operated at UCSF since 1938. In these early days, it was supervised by the late Dr. Charles S. Lipp, until his death in 1959. By 1954, a group of UCSF specialists pooled their knowledge to form a consultation panel so that children with cleft palates would receive comprehensive care, requiring the coordinated treatment of many specialists and step-by-step planning.

This multidisciplinary group, besides Dr. Lipp, included the late Dr. Willard C. Fleming, who served as Dean of the School of Dentistry and as Chancellor at UCSF before his death in 1972; Dr. Francis A. Sooy, otolaryngologist and present UCSF Chancellor; Drs. Peter Cohen and Edward B. Shaw, both now Professor of Pediatrics, Emeritus, UCSF; and Dr. Harry M. Blackfield, plastic surgeon on the UCSF faculty, now retired. Dr. Lucie I. Lawson, speech pathologist, UCSF, has been an integral part of the program since 1953.

Tom Walters

Dr. Egil P. Harvold, Chairman of the Section of Orofacial Anomalies, explains how an incomplete jaw bone develops after implantation of a bone graft. A precisely controlled "bite" exerts pressure that stimulates bone to grow and the graft acts as a shelter.

Scale models are made of the abnormal jaws and these models are used to determine how much and in which direction the jaw has to grow in order to make contact with the skull. The X-ray photographs show how the graft is used to shelter the new bone as it grows toward the base of the skull to form a joint.

Research

With Dr. Harvold's arrival at UCSF in 1963, more emphasis was placed on applied research on orofacial anomalies. Research findings made even more imperative the Section's basic philosophy of emphasizing the importance of careful treatment planning for each stage of a child's development.

Dr. Harvold explains: "The initial impulse of the parent is to say, 'Make my child normal immediately.' To do so is possible in certain mild cases, but it might be ruinous to make such an early all-out attempt in more severe malformations. It takes 20 years for the face to mature, and growth may produce many changes during that period, some favorable, others detrimental. We must be able to predict such changes and enhance the favorable and prevent the detrimental."

"Reconstructive surgery is essential in the treatment of all birth defects but of equal importance is the special orthopedic treatment which affects the growth changes. Drs. George Chierici, John Owsley, Jr., Karin Vargervik, and Britta Tomer have developed special insight into the growth and developmental problems pertinent to victims of congenital malformations."

Another crucial consideration is the child's healthy emotional development. "Our total aim is to help the child grow to an adult who looks, feels, and functions as well as possible," says Dr. Harvold, "including the ability to communicate. A number of malforma-

tions may affect speech, hearing, and vision. Our group has been particularly engaged in speech problems."

Dr. Earl R. Miller, Professor of Radiology, Emeritus, UCSF, has developed sophisticated methods for periodic evaluation of palate function during speech.

"Our research has extended our ability to correct malformations of the lower jaw and the ear region, in addition to making advances in the treatment of cleft lips and palates," says Dr. Harvold. "We can now elongate and build up congenitally missing parts of the mandible; thus far, we are the only center in the world doing this routinely."

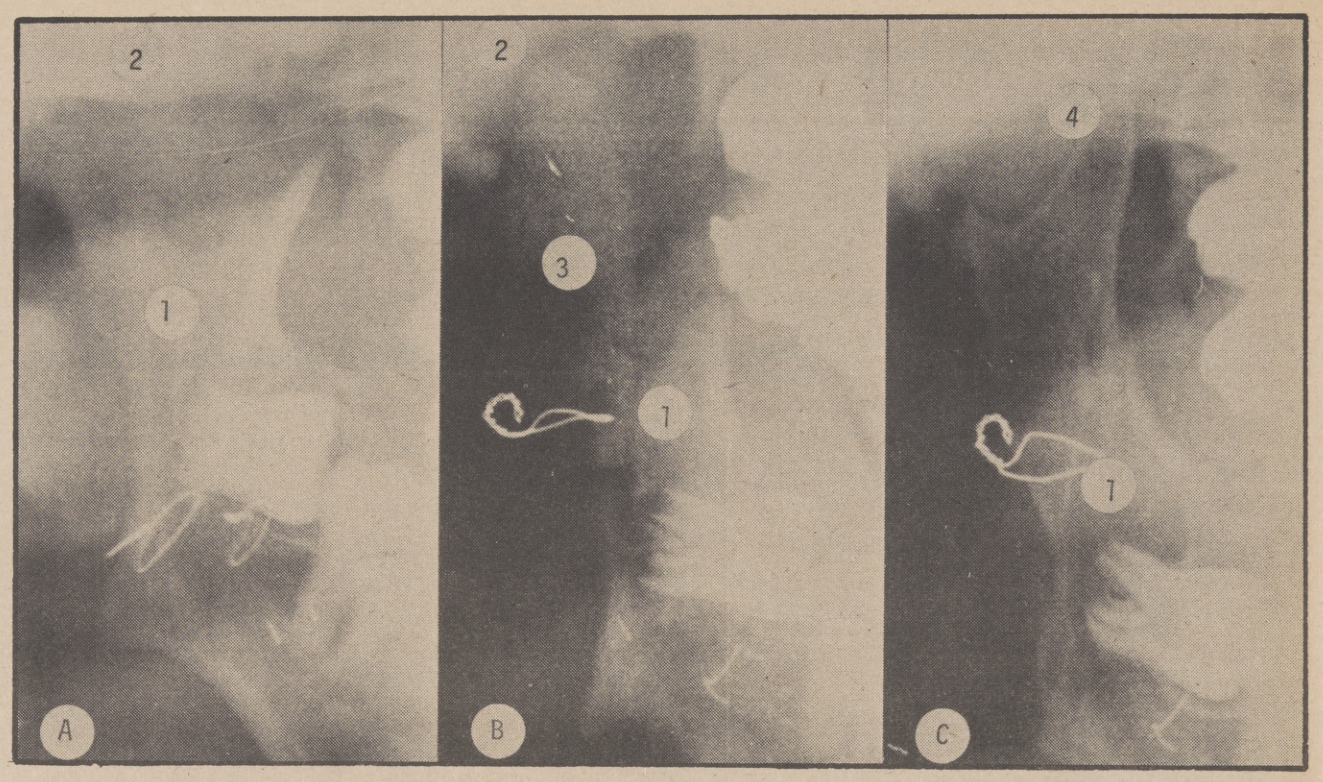
Dr. Harvold's research, using experimental animals, has also proved conclusively that mouth breathing can affect the shape of the dental arch and cause malocclusion of the teeth. "The observation that the shape of the tongue and its impact on the dental arches are closely related to the tongue's behavior during respiration should be considered in orthodontic treatment planning," Dr. Harvold explains.

Utilizing knowledge gained from their research, Dr. Harvold and his colleagues can now correct asymmetry of the face—caused by unequal development between the right and left sides of the lower jaw. (The result is a twisted mouth and one ear positioned lower than the other.) Bone from the patient's rib or hip is grafted to the defective jaw. Then jaw muscles are engaged to stimulate tissue and bone-cells to grow around and replace the nucleus of the bone graft to form a functioning jaw bone. The remarkable result is proper alignment of facial features and normal appearance.

Dr. Harvold was formerly Professor of Dentistry and Head of the Department of Orthodontics, University of Toronto, Canada. He is President of the International Association of Craniofacial Biology.

The following UCSF specialists are included on the consultative panel of the Section of Orofacial Anomalies:

Coordinator: Egil P. Harvold, D.D.S., Ph.D.
Audiology
Richard M. Flower, Ph.D.
Dentistry
Calvin Herring, D.D.S.
Orthodontics
Karin Vargervik, D.D.S.
Otolaryngology
A. Castro, M.D.
Pediatrics
Donna L. Daentl, M.D.
Plastic Surgery
John Q. Owsley, Jr., M.D.
William Morris, M.D.
Douglas M. Ousterhout, D.D.S., M.D.
Prosthodontics
George J. Chierici, D.D.S.
Radiological Research Laboratory
Radiology
Earl R. Miller, M.D.
Social Service
Barbara Prince, M.S.W.
Speech
Lucie I. Lawson, Ph.D.
Neurosurgery
W. DeLong, M.D.
Neuro-Ophthalmology
W. Hoyt, M.D.
Psychiatry
M. Lucia, M.D.



A new treatment method which stimulates the growth of abnormal jaws has been developed.

A is an x-ray picture of a defective lower jaw (1). The jawbone extends only 20 mm beyond the molar tooth and it does not reach the base of the skull (2) where there should be a joint.

B shows how the existing jawbone (1) is pulled away from the skull base (2) and placed in a normal position. A bone graft (3) is placed between the base of the skull and the jaw. The bone graft serves as shelter for the new bone to be developed.

C One and a half years later the bone graft has been resorbed while the jawbone (1) has grown up to the base of the skull and established a working joint (4). The patient can now chew and talk properly. This treatment is a routine procedure for the team.

Joan Spiegelhalter

New Joints Of Metal And Plastic

Doctors' waiting rooms are usually not noted for their atmosphere of gaiety, but patients waiting to see Dr. William R. Murray have a way of chatting happily among themselves about their operations.

One elderly woman who'd had a total hip joint replaced with an artificial one said she was "looking forward" to the same operation on the other hip, after which she would "go hiking again with the Sierra Club." A middle-aged man who had been confined to a wheelchair for years said: "Two weeks after my hip operation I walked out of the hospital without pain." A young man having the same ball and socket replacement in his hip looked forward to resuming his tennis playing, and a young mother was delighted with her "new knee."

What generated this wave of congeniality between the patients was the new bond they shared—freedom from pain.

Dr. Murray, Professor and Vice-Chairman, Department of Orthopedic Surgery at UCSF, who for many years has been reconstructing damaged joints, says that arthritis of the hip afflicts from 3 million to 5 million Americans with varying degrees of pain and disability. Between May 1968 and April 1973, he and his colleagues performed 1,000 total hip replacements, and to date the number totals about 2,000. With 6½ years of follow-up of these patients, assessment of the operation is overwhelmingly favorable, says Dr. Murray. "Of these seriously crippled people, 98.7 percent reached independence in the activities of daily living."

The hip joint is essentially a ball-and-socket joint, capable of supporting the stress of body weight and walking. The ball portion is the upper part of the thigh bone (femur), and the socket (acetabulum) is part of the pelvis. Both ball and socket are normally covered with a smooth glistening slippery surface-substance called cartilage. But from injury or disease, or just years of wear and tear, this cartilage can break down. Then bone grinds on bone and arthritis (inflamation of the joint) sets in, causing pain and disability. Today, thousands of patients are being helped by an operation that replaces the original ball and socket with plastic and metal substitutes.

Age is no longer as important a limiting factor as it once was, according to Dr. Murray, and the ages of his patients who have had total joint replacement range from 12 to 97 years, with an average of 66 years.

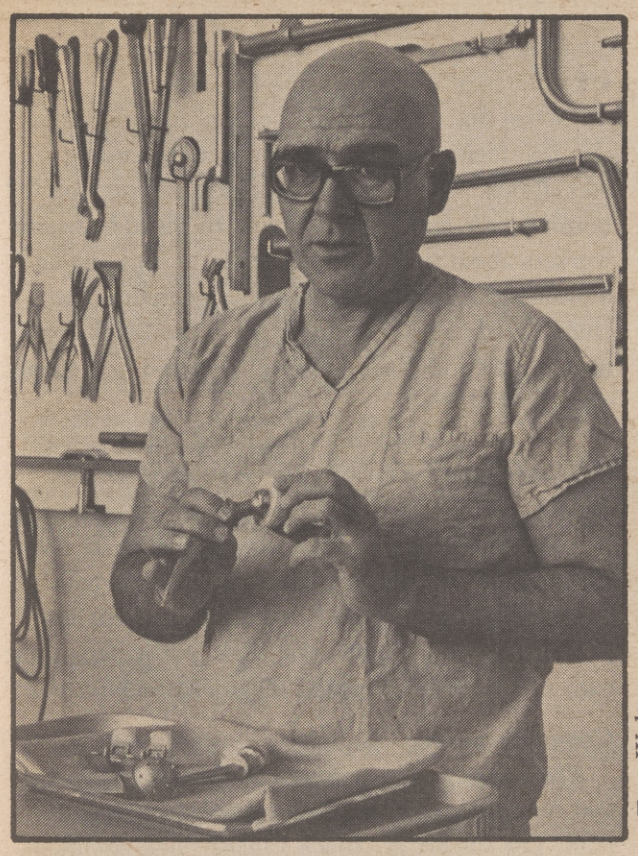
Although arthritic hips are the most common indications for joint replacement, many other joints are also being replaced by arthroplasty (plastic surgery of joints) with various combinations of metal and

UCSF NEWS is a publication of the University of California, San Francisco
Francis A. Sooy, M.D., Chancellor
Produced by the staff of the Office of Public Programs
Editor, Rita Carroll
Issued in the months of September, October, November, February, April, and June.
UCSF NEWS, 1487 Fourth Avenue, S.F. 94143

plastic. "Except for the spine we now have the capability of replacing every joint in the body—toes, fingers, ankles, knees, hips, elbows and shoulders," says Dr. Murray. "And there is no problem of immune response, nor of allergic reactions, because these artificial joints are inert."

There are two major types of artificial joints used, Dr. Murray explains: (1) the Charnley type, developed by British surgeon John Charnley, consisting of a metal ball (stainless steel or Vitallium) and a high-density polyethylene plastic cup; and (2) the McKee-Farrar type, developed by Drs. John Watson-Farrar and George K. McKee, also of England, consisting of a metal ball and a metal cup. Both types are secured to the bone with a plastic cement called methyl methacrylate. This acrylic type of material has been used for years by dentists to cap teeth and cement false teeth in place. It is inert and does not produce toxic effects.

Of historical interest is that as early as 1898 a Dr. Themistocles Gluck fashioned a ball and socket hip joint for a patient out of ivory and cemented both with colophony, pumice powder and plaster. In 1952 Dr. Edwin Huboush of New York used a Vitallium ball and socket prosthesis which he cemented in place with methyl methacrylate—the very materials used in today's prosthesis—but, for some reason, he abandoned this idea. About eight years later Dr. Charnley began his research into total joint replacement, employing both surgical skill and a thorough understanding of engineering principles. One of the materials he tried out was Teflon, the plastic now used to coat razor blades and greaseless frying pans, but this was a failure, the Teflon simply wore out after a year or so.



Tom Walters

By 1962 he hit upon the present successful combination of polyethylene for the socket together with the stainless steel ball-joint. Although polyethylene did not have the resistance to friction of Teflon, he reasoned that natural fluid would make up the difference. Today, according to Dr. Murray, all hip replacements being done are modifications of this metal ball against a polyethylene socket.

Whereas Dr. Charnley reduced infection rates from 12 to 1 percent by using laminar air flow systems in the operating room, Dr. Murray has kept infection rates under less than 1 percent by using antibiotics. He says also that complications following total hip replacement occurred mostly in those patients who had prior hip operations.

How long will the hip replacement last? According to Dr. Murray, "The maximum rate of wear and tear with normal use of our prostheses is only 1 millimeter in 5 years; thus it would take 25 to 30 years before a replacement might be required. It is the plastic, not the metal that wears down, and if replacement should become necessary we would simply remove the plastic socket from the acetabulum and cement in a new one."

Dr. Murray recommends using crutches or canes for the first three months following operation to ease weight bearing until the patient develops muscle strength and a subconscious awareness of his new hip function. Since there are no nerve endings in metal and plastic he no longer has pain and might overexert himself and risk hip dislocation of his new joint.

Dr. Murray did a study of energy expenditure in patients before and after their total hip replacements. He found that before the operation they used much more oxygen just to get around, and their hearts had to work harder than normally. But after the operation oxygen consumption dropped to normal levels. "Not only have we helped these people return to normal lives with total or nearly total relief from pain, but we have also helped their hearts," he concludes.

Joan Spiegelhalter

New Medical Anthropology Program

"All theories of disease have a lot in common," notes Dr. Margaret Clark. "What truly distinguishes Western medicine is its elaborate technology, rather than any unique set of ideas concerning the nature of disease." A new discipline, Medical Anthropology, explores theories and practices that relate to medical systems of different cultures and ethnic groups.

Dr. Clark, Professor in Residence in the Departments of Psychiatry and International Health at UCSF, explains that a primary interest of Medical Anthropology is to focus on factors which a patient brings into interaction with health professionals . . . "We want to determine what cultural factors are barriers that may affect the quality of health care," she adds.

Health professionals often assume that a patient comes to a clinical situation without any knowledge or information or theories about the nature of disease and its proper treatment. This attitude is more apparent for members of minority groups whose culture may include healing systems that differ from those in the European-American tradition. It is a fallacy, contends Dr. Clark, to assume that native systems are based only on faith healing . . . "There is a strong element of that in Western medicine, too," she observes.

Medical Anthropology, which looks at medical systems as products of cross-cultural influences, can open perspectives that may reveal old concepts and methods that are valid. Rauwolfia is a classic example of an old remedy used in India for centuries and now used by Western physicians to treat hypertension. Cocaine and quinine are also medications used by primitive tribes long before they became part of modern medicine. Currently, the ancient technique of acupuncture used in China is being explored as a treatment method by dentists and physicians trained in the Euro-American system of medicine. And the physiological effects of meditation offer new vistas of study to Western health professionals.

Cultural information that relates directly to improved health care through better understanding of different traditions is provided by studies in Medical Anthropology. Nutrition is one area that is receiving more attention than ever before. The basic eating habits of an ethnic group must be considered in the total concept of health care. For example, some ethnic groups have little or no tolerance for milk. In the United States, milk is considered an almost perfect food, to be included in every person's diet. Nutritionists have learned that powdered milk distributed among some groups, such as American Indians, is thrown away because it causes gastro-intestinal problems, especially among adults.

The Medical Anthropology program at UCSF is the only one in the world that awards a doctoral degree. When asked what factors contributed to the development of the special program at UCSF, Dr. Clark recalled that long standing interest by both the Schools of Medicine and of Nursing, as well as the George William Hooper Foundation, in diseases and health needs of other cultures. The international population of the Bay Area certainly has emphasized the necessity for such an approach. "And, too," adds Dr. Clark, "there have always been close ties with the Department of Anthropology at Berkeley, which has a strong program in physical and cultural anthropology.

"Today," continues Dr. Clark, "We have good support from Dr. Julius Krevans, Dean of the School of Medicine at UCSF, and Dr. Harold Harper, Dean of the Graduate Division. In past years, anthropological research on this campus has received direction and encouragement from others, including: Drs. Carroll Brodsky, Frederick Dunn, Helen Nahm (former Dean of the School of Nursing), Nicholas Petrakis, and Jurgen Ruesch. The late Dr. Ralph Audy was a keen advocate of this program.

The Graduate Group in Anthropology was established in April 1971 and Members of the Group are associated with the Departments of International Health, Medicine, and Psychiatry, as well as with the School of Nursing. Elective courses are open to students in any of the regular graduate programs on the San Francisco campus, subject usually to the consent of the instructor. These courses may also be taken by students in graduate anthropology and certain other social science programs on campuses of the University.

The Seminar on Medical Anthropology, offered in Spring and Fall at Berkeley and at UCSF during the Winter quarter, is considered basic to any continuing graduate program in Medical Anthropology. Other courses included are: 230. Culture and Personality; 231. Ethno-psychiatry; 240. Urban Anthropology; 241. Social Deviance; 242-A-B-C. Anthropological Considerations in the Community Mental Health Field; 246. Comparative Medical Systems; 260. Behavioral Epidemiology; 265. Genetic Anthropology and Epidemiology; and 243. Interfaces Between Law and Medicine; An Anthropological Perspective.

Dr. Clark reflects that perhaps anthropology on this campus has come full circle . . . "Don't forget that the Museum of Anthropology was first located on the San Francisco campus," she reminds us, "and that is why Ishi was brought here." Both physicians and anthropologists learned much about Man from that gentle-mannered California Indian who represented the Stone Age.

Health Care And The Black Patient

What makes health care different for the Black patient? There are countless physiological, psychological, and cultural factors, according to Bobbie Bloch, Administrative Coordinator, Moffitt Hospital Nursing Service.

Mrs. Bloch, who holds the R.N. and B.S. degrees, discusses many of these differences in a carefully documented paper, "A Look At Nursing Intervention and Black Patient Care." It was presented late last year at the second of two successful UCSF Continuing Education symposiums she helped to organize on "Black Patient Care."

An active member in both the National and Bay Area Black Nurses Associations, Bobbie Bloch believes that Black nurses and other Black health professionals should assume a leadership role in improving health care for Black and other minority group patients. She has made an impressive personal contribution to this goal.

Her presentation contains a wealth of useful information. For example, consider the differences created by the patient's skin color alone. In a white patient, skin changes—such as redness, pallor, jaundice, or cyanosis (blueness) are instantly recognizable. When the patient is Black, these symptoms, which may indicate serious illness, can be difficult to assess.

Anemia may be reflected by a certain ashen color of the Black patient's skin, or by a change in the color of the inner surface of the eyelids and the mucous membrane inside the mouth. The presence of jaundice may be indicated by the yellowness of the whites of the eyes, and by a change of color inside the mouth. Cyanosis may manifest itself by an ashen grey color of the lips and tongue.

Mrs. Bloch points out that nurses and other health workers should be trained to recognize these differences, which can be a matter of life or death when treatment is needlessly delayed.

Black-related Variants

Two serious Black-related diseases—hypertension and sickle cell anemia—have received wide publicity. It is also recognized that persons living in poverty, including many Blacks, die more often from respiratory diseases, and suffer more actutely than others from the effects of malnutrition and inadequate health care. These, and other health problems must be better understood if Black patients are to receive optimum health care, Mrs. Bloch emphasizes in her paper.

Racial Differences Affecting Health

In addition to the genetic blood disease, sickle cell anemia, other hematological problems of Black patients must be recognized. She cites these examples:

"Frequencies of various red blood cell antigens are different among races, and it is important for nurses and laboratory technologists to be aware of potential cross-matching difficulties when Black patients receive tranfusions of donor blood.

"A hematological problem present in 30 percent of American Black males is G-6-PD (glucose 6-phosphate dehydrogenase deficiency). This is a hereditary abnormality which may result in hemolytic anemia, particularly after the administration of certain drugs, or under infectious disease conditions. There is a screening test for this deficiency, and it is vital that this test be an automatic part of the work-up of Black patients, similar to the routine testing for sickle cell disease.

Tom Walters

Bobbie Bloch, R.N., joined the nursing staff at UCSF in January 1972. A graduate of Wayne State University, Detroit, and a former visiting nurse in Michigan, she is married to Daniel Bloch, M.D., UCSF Pathology Resident.

Physiological Differences

"Another physical factor that nurses and other health workers need to be aware of is the difference in growth and development standards, and the need for standards applicable to specific races, especially among children. For example, Black children have been found to be somewhat taller and heavier than white children in the age range of 5-14 years. A Black child in this age group might be considered normal if compared to white children, but actually would be underdeveloped.

"The thickness of skinfolds, often used to assess nutritional status, can be misleading, too. Black children have been shown to have thinner skinfolds than white children.

"Evidence also indicates a tendency toward greater motor advancement in Black infants and children during the first three years of life, and greater manual skills through age four.

"Finally, skeletal maturation is more advanced in Blacks. Greater skeletal weights, bone density, and percentage of compact bone have been reported in adult Blacks compared to adult whites. Perhaps related to this is the lower incidence of osteoporosis in elderly Blacks compared to elderly whites."

Psychological Factors

Aside from the many physiological differences, profound psychological considerations must be taken into account in caring for the Black patient, the paper emphasizes.

"Social anxiety—a result of racism in America—is often the reason that a Black patient may appear loud and belligerent—especially when he is brought into the emergency room. It is wrong to assume that the patient must be on drugs, or that he is ignorant when he has difficulty describing his health problem.

"Professionals sometimes forget that certain things can be more important than adequate health care. When Black people are forced to choose between losing their dignity and respect, or omitting health care altogether, many will choose the latter."

Good grooming is basic to good patient care, and important in helping any patient to maintain a sense of pride and dignity. Nurses and other health workers need to know how to groom the hair of Black patients, and should also receive instruction in the care and cleansing of the Black patient's skin. Audiovisual and demonstration instruction for this purpose should be a routine part of training, says Mrs. Bloch.

"When Black patients are hospitalized it is important that their religious needs be met," according to Mrs. Bloch. "There should be Black ministers on the hospital staff, and patients should be asked by health workers about their religious needs . . . this can be a profound source of psychological support. The church holds a powerful position in the Black community, and the Black minister is viewed as a strong, supportive figure.

"It is not uncommon for the Black family to have misconceptions about what is being done for the patient and they, also, may demonstrate social anxiety. It is the responsibility of the nursing staff to let the Black family explain procedures to both the patient and family, and to let the Black family explain how to best meet the patient's own needs, particularly those with which the nursing staff may be unfamiliar."

Communication

There is growing awareness of the role of language and communication in solving psychological problems. The subject of "Black English" and communication was dealt with in detail during the 1974 seminars on "Black Patient Care." Mrs. Bloch has these observations on the subject:

"It is necessary for nurses and health workers to give serious study to the language and language related traditions of Black Americans." She offers this advice on communication:

"Never talk down to a Black patient and remember, anything that appears to be only slightly condescending can be interpreted as racism. Always address patients by their full names, never by their first names

alone. Never assume that all Black patients communicate in the same way, but always use a simple, direct, but concerned approach. Explore and appreciate the Black patient's cultural interests and needs; involve the Black family in meeting some of these needs."

Again, Mrs. Bloch emphasizes the role of Black health personnel in acting as "resource persons" in interpreting the needs of Black patients, and bringing about improved communication.

Preventive Measures

Finally, she points out the challenge faced by Black health personnel in helping to implement preventive health care programs for Blacks, members of other minority groups, and the poor.

The possibilities are endless: "Get members of the Black community involved in determining their own standards of care. The Black consumer should be valued as an expert on the team when designing health care systems for people in the Black community.

"The Black nurse can go into schools, churches, home settings and community organizations to assess and discuss the health status of the Black consumer. Programs to educate the Black consumer on preventive health care should be established. A telephone 'hot line' set up by nurses could be used for people to call for information about health problems and where to go for treatment.

"Black health workers can strengthen the services of the neighborhood health center, help make the hospital emergency room more responsive to human needs, support children's breakfast programs.

"By specializing as family nurse practitioners, Black nurses can work in the community, and especially at neighborhood health centers to improve health services for Black patients."

The paper points out that nursing and medical education have a responsibility to bring about improvement in health care for Black and other minority patients and the poor by introducing relevant courses and encouraging field work to relieve environmental and health problems in the ghetto.

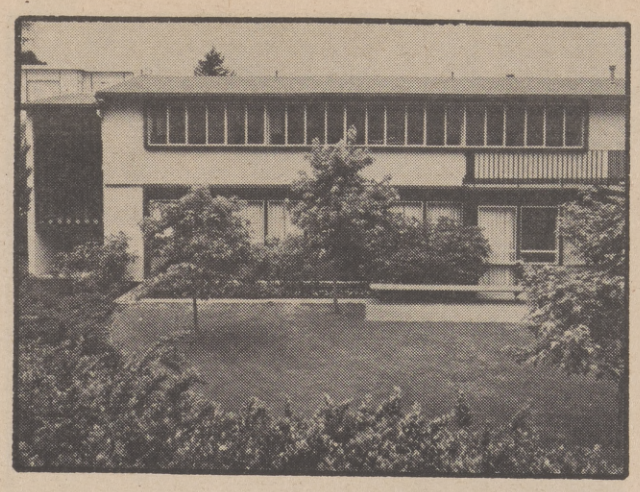
As long as health education is geared primarily to the needs of the white community, Black nurses and other health professionals will, themselves, find it difficult to deal effectively with the care of the Black patient. Bobbie Bloch concludes: "Black nurses and other Black health workers should use the wealth of knowledge they already have as a resource to build upon in order to bring about needed change."

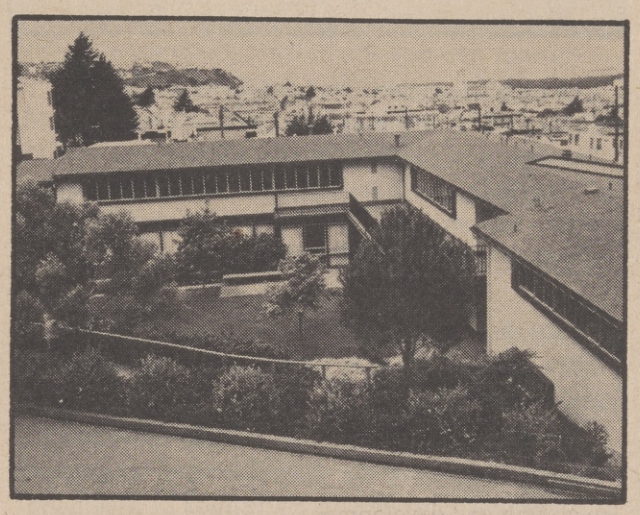
Claire Wray

UC Benefactor Dies

Elizabeth C. Proctor, founder of the Francis I. Proctor Foundation for Research in Ophthalmology at UCSF, died in Santa Fe, New Mexico, on January 2, 1975, at the age of 93. A recent meeting of the Board of Governors of the Proctor Foundation was adjourned in her memory observing that this campus of the University of California notes with profound sorrow the death of one of its most generous benefactors.

Mrs. Proctor, a native of Baltimore, Maryland, had lived in Santa Fe for many years. She shared with her husband, Dr. Francis I. Proctor, his interest in trachoma and other blinding diseases of the eye (especially in the American Indian) and founded the Proctor Foundation as a memorial to him in 1947. Over the years her interest in the Foundation's welfare





The Francis I. Proctor Foundation building on the edge of the San Francisco campus was made possible by a special gift from Mrs. Proctor, which was the nucleus of a fund to provide laboratory space to supplement those in the Medical Sciences Building and to provide low-cost office space close to the laboratories.

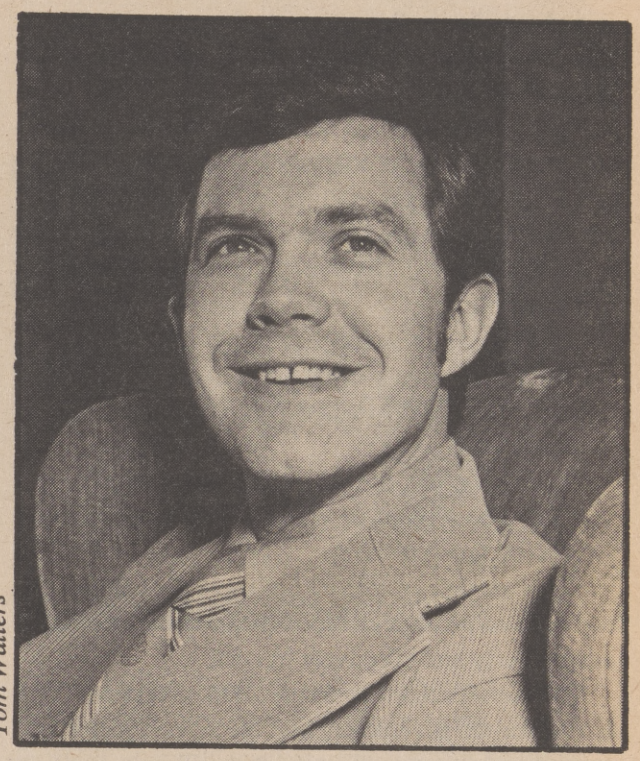
was vigorously maintained, and on many occasions she made generous gifts from her personal funds to meet critical needs. Among these gifts were $60,000 (matched by the Regents) for the purchase of land for the Proctor Building at 95 Kirkham; $50,000 (matched by the NIH) for the purchase of space in the Medical Sciences Building; and, on separate occasions, $25,000 and $10,000 for a research training fellowship and a professorship. As a final gift she bequeathed virtually all of her estate to the University of California for the benefit of the Proctor Foundation.

Although Mrs. Proctor was unable to journey to San Francisco subsequent to her visit in 1947, when she came to sign the Founding Agreement with the Regents, she kept in close touch with the work of the Foundation. She reviewed the Annual Report that was sent to her each year, and she discussed the development and expansion of the Foundation with both of its former Directors, Doctor Michael J. Hogan and Doctor Phillips Thygeson (who visited her in Santa Fe at least once a year), as well as with the Foundation's Director, Doctor G. Richard O'Connor. She was always responsive, always constructive, always helpful.

On the occasion of her death, Doctor John B. de C. M. Saunders, former Chancellor of UCSF and former President of the Foundation's Board of Governors, has written, "I was most unhappy to hear of the death of Mrs. Proctor . . . I am very appreciative of the remarkable contribution she and her husband made for the development of ophthalmology, not only here but in its extension to almost all of the corners of the globe. What an extraordinarily useful life hers has been, and I am sure that her 93 years contributed greatly to the fulfillment of man. May she forever rest in peace and her name be carried on by devoted professional children . . ."

The Proctor Foundation, a living testament to the generosity of one very enlightened donor, truly mourns the death of its founder.

Development Officer Appointed



Tom Walters

Newly appointed Director of Development at UCSF is Steven T. Ast. He was formerly Director of Development Services at the University of Chicago.

Chancellor Francis A. Sooy comments that: "Steven Ast, as the first development director on this campus, will provide a long needed liaison between the extensive scientific enterprises and interested and devoted alumni and friends of the University."

Remarking on the need for financial support for UCSF, Vice-Chancellor Seymour Farber adds: "Higher education, and health sciences education in particular, depend heavily upon gifts from foundations, corporations, and individual donors. Traditional philanthropy in America is undergoing considerable strain, due to current economic conditions. Nevertheless, the need for financial support of health services education and facilities has never been greater."

For the past two years, Mr. Ast has headed his own fund raising and executive recruitment firm in Chicago. Prior to his affiliation with the University of Chicago, he was Director of Development at Adelphi University in New York. He is a graduate of Georgetown University, Washington, D.C.

An alumnus of Georgetown University, Washington, D.C., Mr. Ast is a member of the Board of Directors of the Chicago Society of Fund Raising Executives, a member of the National Society of Fund Raisers and of the National Association for Hospital Development. He is also a member of the Board of Directors of Harvard-St. George Private School.

Rapaport Talks About Heart Goals

With the recent election of Elliot Rapaport, M.D., as President of the American Heart Association, the traditional February observance of Heart Month has added meaning for the UCSF campus community.

UCSF News takes this occasion to ask Dr. Rapaport, our own distinguished Professor of Medicine, Senior Member of the UC Cardiovascular Research Institute, and Chief of Cardiology at San Francisco General Hospital, to discuss some of the current goals of the American Heart Association.

AHA has a membership of 55 State affiliates and 1,190 local subdivisions, of which 127 are chapters. It has an individual membership of over 40,000 physicians and more than 65,000 others who have joined together in the conquest of cardiovascular diseases, including heart attack . . . still the nation's number one killer.

"The Association has several current program priorities," says Dr. Rapaport. "However, it is giving top attention this year to hypertension (high blood pressure) and the need for detection, medical referral and continuing, effective treatment of this major health problem."

To illustrate the magnitude of the problem, Dr. Rapaport cites the "rule of one-half.":

"An estimated 23 million Americans have high blood pressure;

"About one-half of these know they have it;

"Only about one-half of those who know they have it are being treated;

"And only about one-half of these (or one out of eight persons with high blood pressure) are being continuously and effectively treated."

The moral, according to the AHA president: "It is vital for the government and the private sector to support year round programs that will help to assure that the patient with high blood pressure (who often experiences no symptoms) gets into the health care system, has regular examinations, and follows his physician's instructions on a continuing basis. Only in this way can we effectively control high blood pressure and prevent its consequences: stroke, heart attack, and kidney failure."

Mass screening campaigns for hypertension have been undertaken by many communities in such public locations as supermarkets. To be successful, however, *these efforts must include a plan that insures effective referral of detected cases to physicians who understand the importance of long term treatment for those with high blood pressure and a follow-up program that insures that referral and treatment were accomplished,* Rapaport points out.

For this reason, the American Heart Association focuses its community educational programs on hypertension and other areas of concern at the widest possible spectrum of the public: including patients, health care consumers, physicians and other health care personnel, hospitals and community health centers. Other current AHA program priorities are:

Coronary Heart Disease: Development of emergency cardiac care systems; training in cardiopulmonary rescuscitation; screening for risk factors in heart disease; making early warning signs more widely known; coronary care, prevention, and rehabilitation.

Cardiovascular Disease in the Young: Prevention and treatment, including recognition and management of congenital heart disease; prevention of rheumatic fever and rheumatic heart disease; prevention of coronary heart disease and hypertension in the young.

Stroke: Prevention, recognition, diagnosis, treatment and rehabilitation.

The AHA, which allocates 57 percent of its national budget to research, last year raised $58 million in donations to Heart Associations throughout the United States. Nonetheless, the AHA was able to fund less than 25 percent of the approved grants-in-aid it had hoped to make available to outstanding researchers.

"Since the ultimate answer to finding the causes of heart attack and cardiovascular disease must come from research, there is an urgent need for greater public support," emphasizes Dr. Rapaport.

The AHA president, himself a noted researcher is investigating ventricular function and its clinical application to patients with myocardial infarction (heart attack) and congestive heart failure. The object of this research is to find ways of improving heart function in order to control failure of the heart.

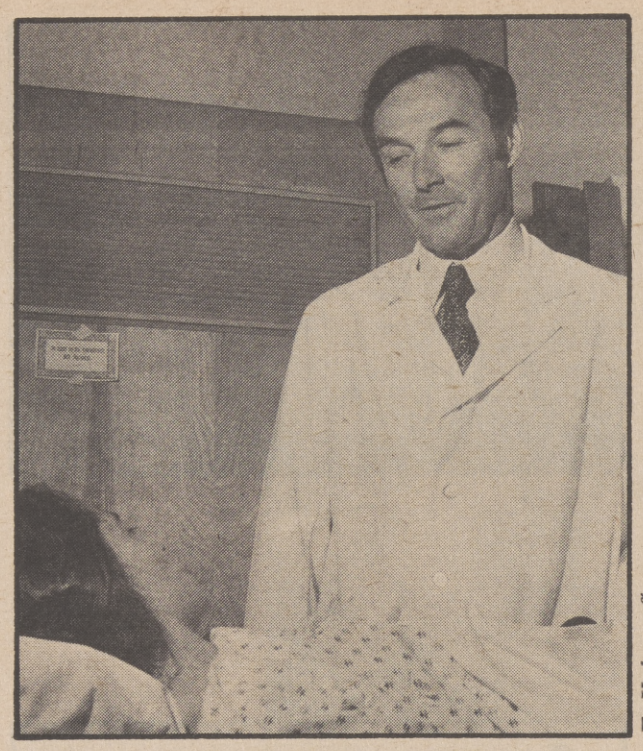
Dr. Rapaport has been a member of the senior staff of UCSF's widely acclaimed Cardiovascular Research Institute since 1958. From 1967-73, he was Area Coordinator, Regional Medical Programs, Northwestern California Area I. He has been Director of the Cardiopulmonary Unit and Chief of Cardiology at San Francisco General Hospital since 1960.

The well-equipped eight bed Coronary Care Unit at SFGH is designed to handle the "very sick" heart attack victim brought to the hospital by the City's emergency ambulance service. The SFGH Cardiology Service also offers a full array of modern diagnostic, testing and treatment services for outpatients and inpatients.

The Service has three full-time faculty physicians in addition to Dr. Rapaport: Melvin Cheitlin, M.D., heads the Cardiac Clinic; Melvin Scheinman, M.D., heads the CCU; and Joseph Abbott, M.D., heads the EKG unit. A large number of practicing cardiologists and internists assist in the teaching and patient care programs.

The SFGH Cardiology Service has unlimited potential as a leading referral, patient care, teaching and research center. "Although our outmoded physical plant has limited our capacity to develop these resources to the fullest by offering a more active cardiology consultative service, our new hospital, opening in 1975, will provide the kind of environment we need to realize our full potential," says Dr. Rapaport.

Claire Wray



E. Kolsanoff

Elliot Rapaport, M.D. is shown in the Cardiology Unit at SFGH. His most recent honor as AHA President was an invitation from Philippines President Imelda Romuldez Marcos to participate in the inauguration of the new Philippine Heart Center for Asia, February 14 in Manila.

Perform a death-defying act.

Have regular medical check-ups.

Give Heart Fund
American Heart Association

VD Awareness Day

April 4th has been designated VD Awareness Day by the students at UCSF. Their goal is to make the community aware of the scope of the problem, its treatment, and the areas of prevention. Throughout the day, free screening tests will be available, courtesy of the VD Free Clinic (VDRL Test).

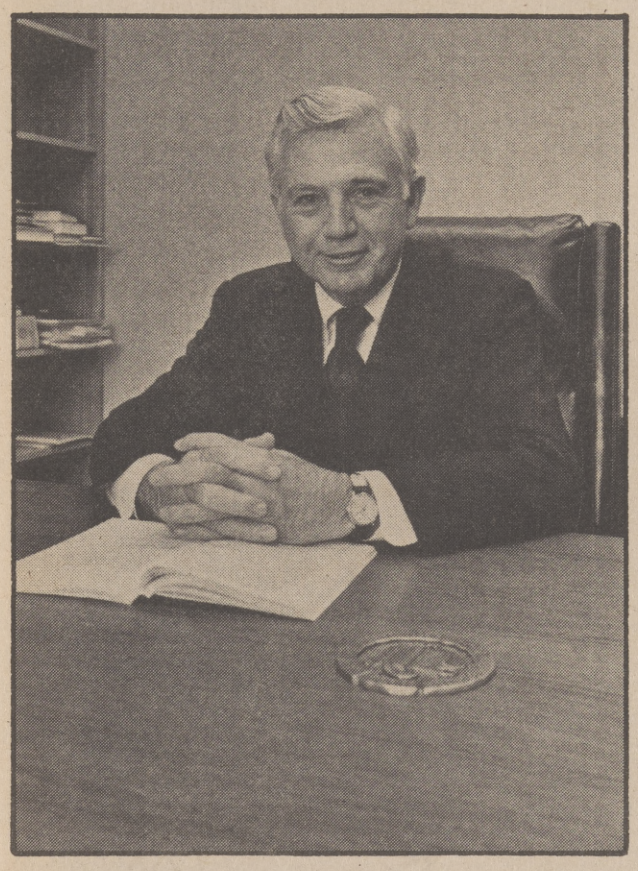
Medical Sciences Lobby informational exhibits will include movies and slides.

During the noon hour, singers John Stewart and Buffy Ford will give a concert.

Lectures will be given from 1-4 p.m. by Erwin Braff, M.D., Director of the City VD Clinic; Steve Barriere (Pharm.D.); Ruth Fleshman (RN Assistant Professor of Nursing); and Julie Roseman (M.P.H.) of the San Francisco Department of Health.

The Committee for Awareness Day has the cooperation of the San Francisco VD Control Unit, the Pharmaceutical Society of San Francisco, and others.

Memo



Within the next few months a project to remodel the interior of Langley Porter Neuropsychiatric Institute (LPNI) will get underway. Senate Bill 519 (Seismic Safety) and the State Fire Marshall require that the 32 year old structure undergo extensive internal remodeling in order to comply with new safety standards. This remodeling project is not an expansion of the building nor will it affect the exterior appearance.

It is estimated the renovations will take approximately 18 months, during which time there will be some reduction in service due to the shifting of programs to various temporary locations. During Phase I the youth service which requires the shortest stay, and will therefore pose the least inconvenience to patients and their families, will move temporarily to the United States Public Health Service (USPHS) Hospital at 5th Avenue and Lake Street. The Children's Outpatient Service will be temporarily housed in the Old Clinics Building on campus, and the Ambulatory Psychiatric Service will be housed in the Ambulatory Care Center (New Clinics Building) and in the Annex of LPNI, also on campus. Adult inpatients will remain in LPNI although the number of beds will have to be considerably reduced. Some of the Administrative Offices will also be transferred temporarily to the USPHS Hospital.

Every effort is being made to create the least amount of inconvenience possible for patients. This arrangement will be closely monitored and may be altered as the impact on patient programs is assessed.

A future issue of the *UCSF News* will provide additional detailed information on this project.

Francis A. Sooy, M.D., Chancellor

Communities

Millberry Repertory

In the spring of 1973 Christian Brust, a drama enthusiast, began efforts that led to the establishment of a repertory theater for the UCSF campus. He hoped to recruit talent from both the campus and the neighborhood. Twelve people responded and met to consider ways and means to launch a drama group. A successful raffle of donated prizes raised an initial "hope chest" of $500. With the assistance of the Millberry Union Programming Department, which provided free rehearsal space, the Millberry Repertory Theater was born.

The first production, "No Exit" by Jean Paul Sartre, proved that the group of people from varied backgrounds were able to work hard and well together. In the words of Chris, who is Founder and Senior Director, this particular and important first play "will always be dear to our members because it proved we could undertake the forming of a new theater and make it a reality."

According to Chris, "the concept of total theater is what we are striving for; yet, foremost in our hearts is our need and desire to please and entertain." He envisions . . . "eventually producing every aspect of theater . . . it's just a matter of time and money," he confidently says.

Milberry Repertory Theater has become a year-round activity, except for two summer months, and the group now does three productions a year. Its talents have received recognition. In December, 1974, M.R.T. received front-page coverage in the "Bulletin of the Association of College Unions—International."

Hard work seems to whet Christian Brust's enthusiasm. He would like to have more people become involved, not just in acting but in production, design, and playwriting as well. He emphasizes that the group is open to the entire campus and community and to anyone who is interested in participating . . . in whatever capacity.

Concurrent with the wish to have greater involvement on the part of the community is a search for original materials from community and Bay Area writers. There is even the exciting possibility of establishing a Drama Exchange, whereby M.R.T. could cooperate with similar groups (especially those on other UC campuses) to exchange cast members and production equipment. This would expand the talents of participating groups and make it possible to do plays that are expensive productions or technically demanding.

Millberry Repertory Theater at UCSF (an all-science campus) has a singular claim to distinction—it is the only self-sufficient group of its kind and receives no regular funding from any source. "Most drama groups are connected with drama or music departments and receive funding from them" stresses Chris.

Millberry Repertory Theater appreciates gifts and donations of money, time, energy, or equipment . . . especially costumes. Such support will make it possible to broaden the repertoire. For example, there are still some theater groups that throw away set materials instead of sharing and passing them along where they are sorely needed and could be used and enjoyed again.

Your participation can begin with a response to one of the audition calls which are announced via campus bulletins, flyers, and posted notices. After a play is chosen, a rehearsal schedule is set, based on what is congenial to cast members. There is a two-month rehearsal period of one evening a week until production week when it shifts to nightly rehearsals. Anyone interested in Millberry Repertory Theatre may telephone Chris at 666-1078 or 666-2019.

Michael Douglas

Cast of "Blithe Spirit" in a dress rehearsal scene (left to right, standing): Kelli Butterworth (Edith), Maureen O'Rorke (Elvira), and Clifford Reynolds (the Butler), (seated) Paul Cornejo (Dr. Bradman), Mary Walcek (Ruth), Mr. Jim Richey (Madame Arcati), Christian Brust (Charles), and Judith Cunningham (Mrs. Bradman).

CAL HIGHLIGHTS

Lectures

March 12 "Who Killed J.F.K.", 8 p.m., Cole Hall. Admission: $2 students, $3 general. Speaker: Dave William and Harvey Yazijian, Asassination Information Bureau, Washington, D.C.

March 4 7:30-9:30 p.m., 300 HSW. "Art History With Slides," Admission free.

March 9, 16, 23 "Sacred Tradition and Psychotherapy," 8 p.m., Cole Hall. Speakers: Robin Skynner, Michel de Salzmann, and James Hillman respectively. Admission: $3.50 per lecture.

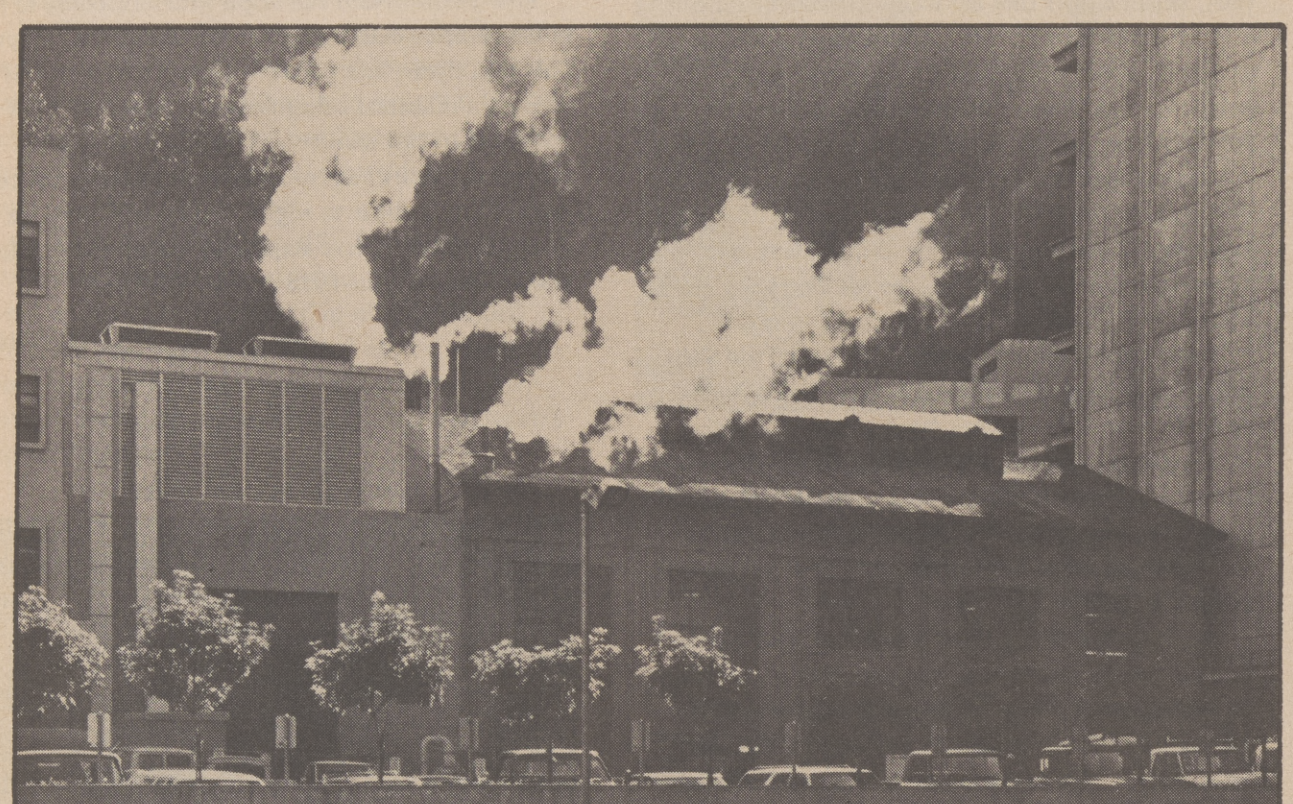
Films

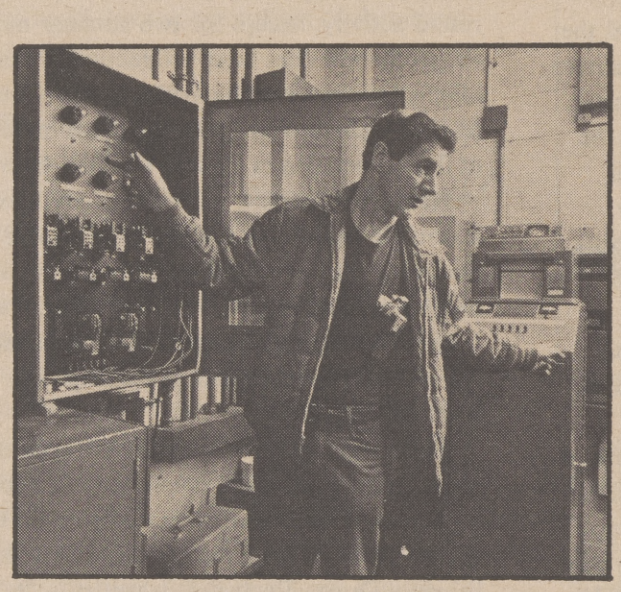
Mondays through March 10 Comedy Shorts, noon, Cole Hall. Watch for posters announcing specific programs during the quarter.

March 5 "Oliver Twist," 7 p.m., Cole Hall. Admission: $.75 MU members and senior citizens, $1 general.

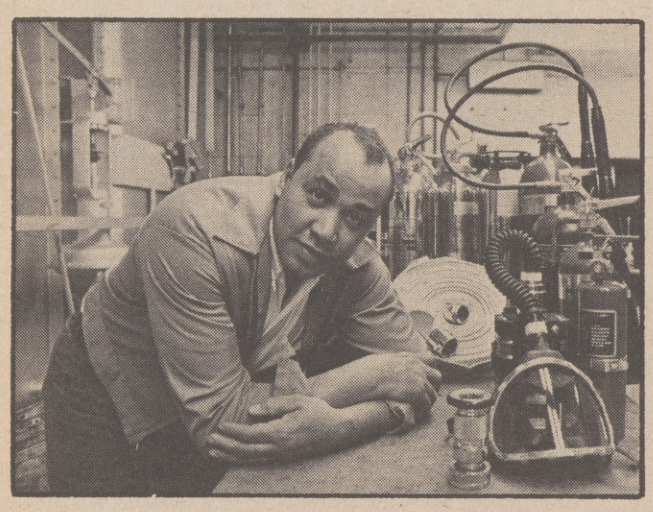
The Source of Energy

"Power House"

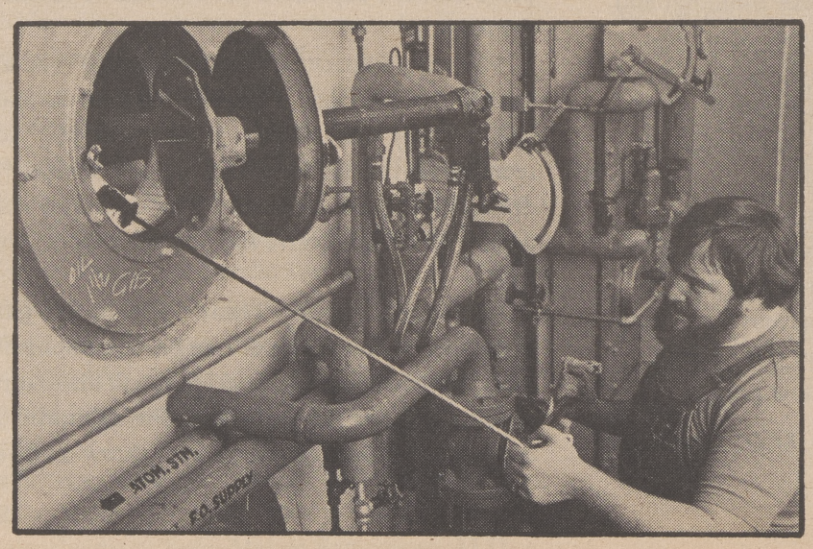




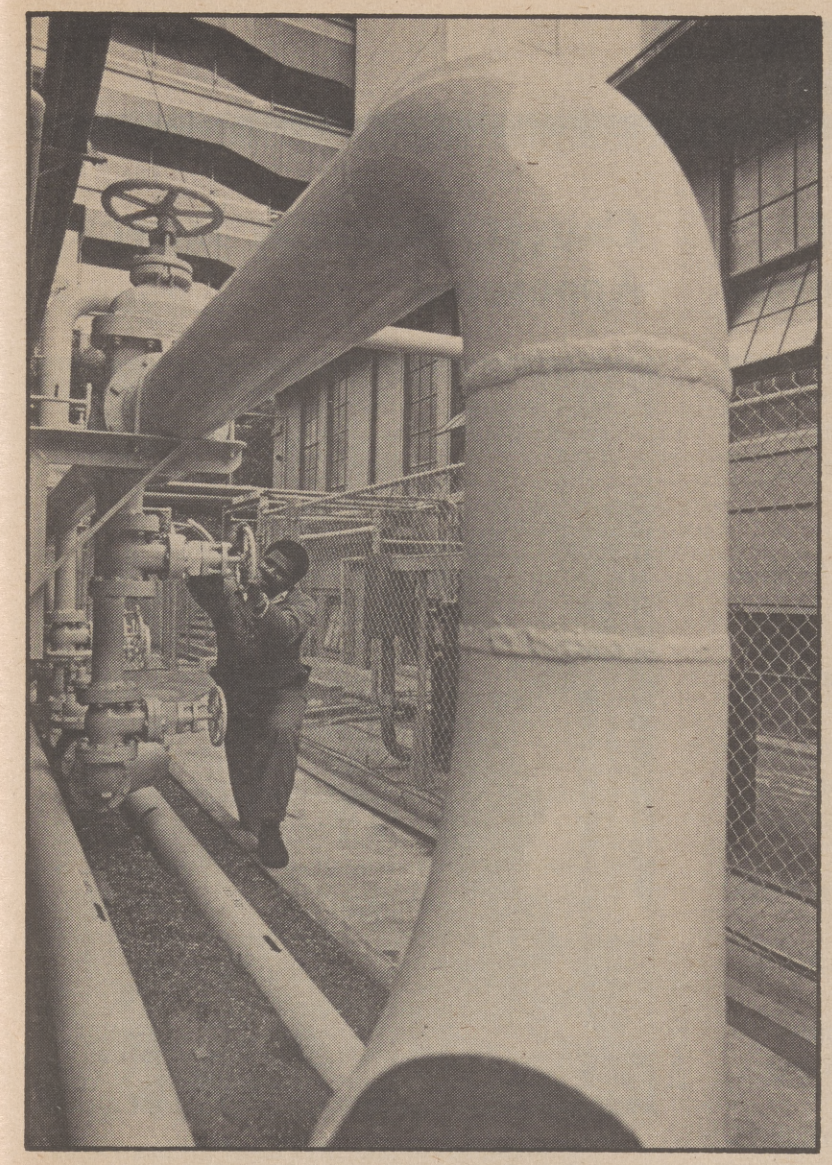
Scott Moore, Assistant Chief Engineer, explains the operation and function of campus fire and other alarm systems which are coordinated in the power plant.



Harold Jackson is licensed to recharge fire-extinguishers. He is also responsible for maintenance of fire-hoses, nozzles, and gas masks throughout the campus.



Stephen Favor lights the gas burner to start a boiler. Generally, two boilers are in operation with the third one on stand-by.



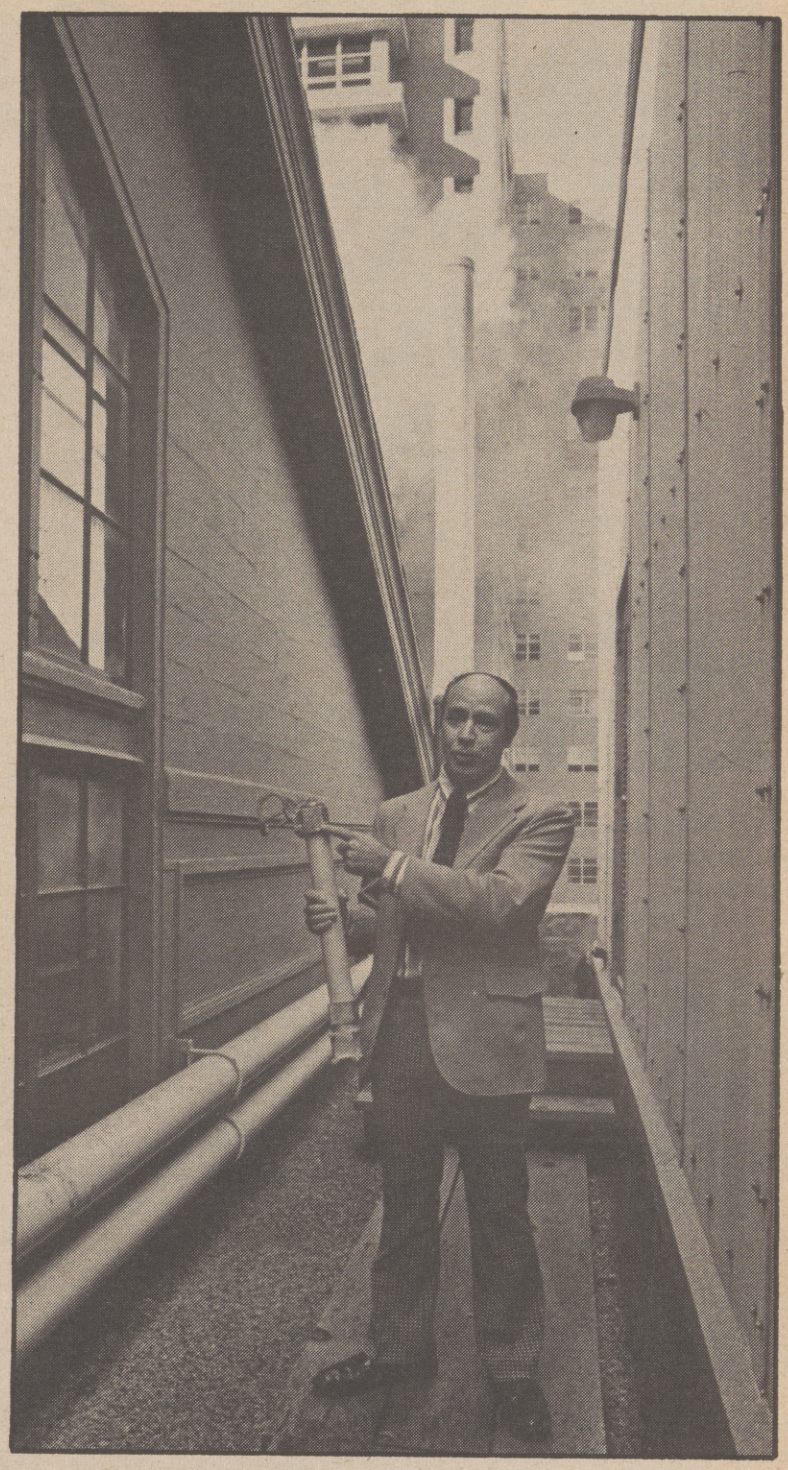
Melvin Rockett adjusts one of the main water valves that supplies the entire campus.

Life-support systems and monitoring equipment for critically ill patients, lighting, heating, water . . . energy for the entire campus is dependent upon the staff who operate the "power plant". These men who keep the huge boilers and turbines running twenty-four hours every day of the year have skills and knowledge gained through study of thermodynamics, gearing, hydraulics, steam generation, compressed air systems, gas analysis, electrical power distribution, and many other physical and mechanical sciences. They must know the location of every switch, pipeline and valve in the plant and other buildings on campus. All alarm systems are coordinated here . . . blood bank, plasma freezers, elevators, incubators, and other intensive care equipment, the vivarium heating system, and fire alarms.

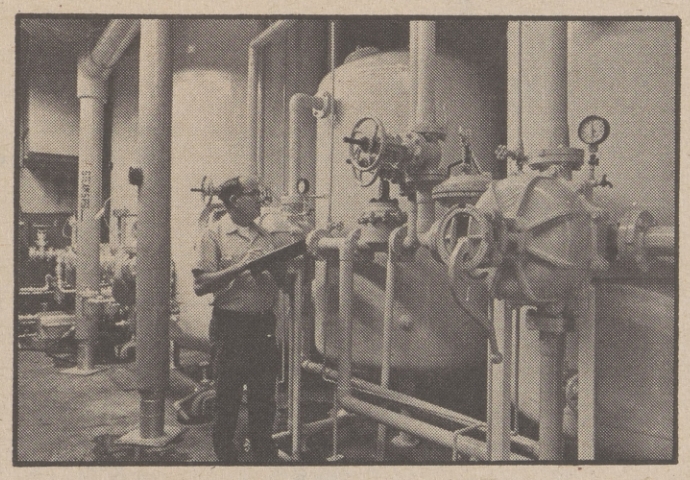
Electricity is generated in part by the campus plant and when PGE power fails the campus facility has electrical generators that take over within 8 seconds. In addition, there are banks of batteries for the operation of critical switch gear, fire-alarm systems, communications, and emergency equipment.

The man who is responsible for the production of energy for the campus, Rudi Fonti, is also concerned about conserving energy . . . "Simple things," he explains, "such as remembering to keep doors and windows closed, to turn off lights in unoccupied rooms, and to close distilled-water taps when not in use, can really help to keep costs down."

photos by Tom Walters



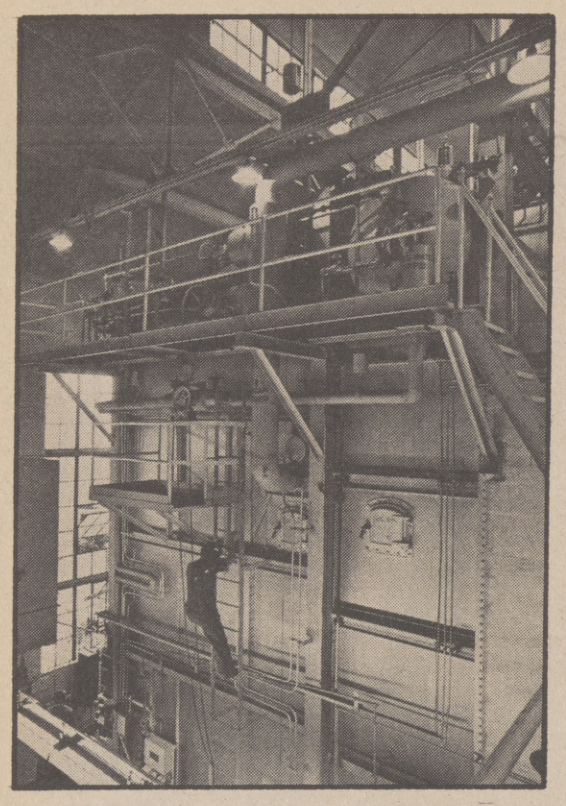
Rudi Fonti, Senior Superintendent of Utilities, describes one of the smaller fuses used in the main electrical switches.



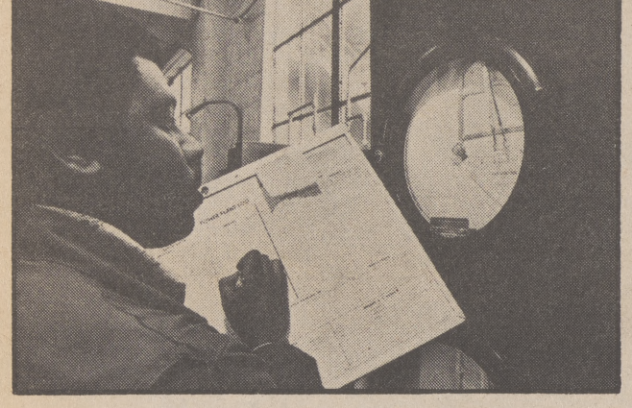
Al McClelland, Acting Assistant Chief Engineer, takes readings of hot water tanks and softeners.

(next page)

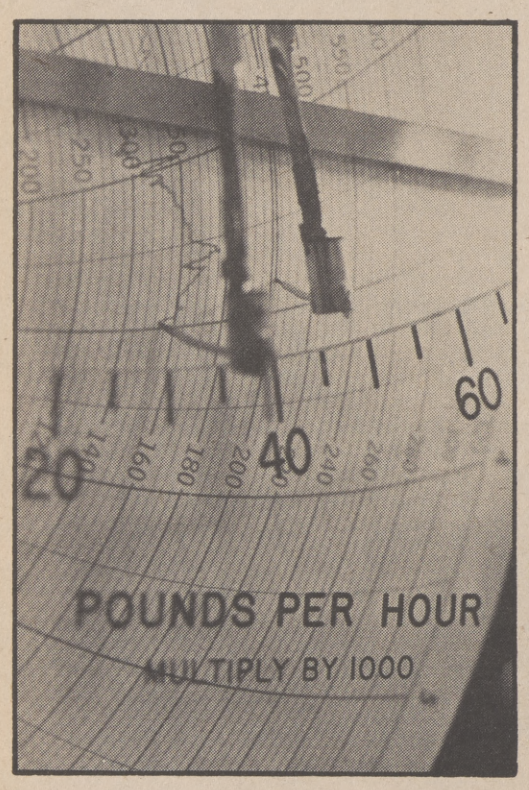
On Campus



Robert Piccinini checks the feed-water mechanism which automatically maintains the proper water level in the boiler.



Melvin Rockett logs percentage of CO^2 taken from exhaust gases to measure combustion efficiency of boilers.



photos by Tom Walters

Steam recording chart automatically records steam production over a twenty-four hour period.

Employee Development Division Sponsors Courses

Enrollment is being accepted for the following courses sponsored by the Employee Development Division of the Personnel Office. Registration forms may be obtained from 1322 Third Avenue or by calling Ext. 1150.

FEBRUARY	
Feb. 20	9-11 & 2-4 p.m. Telephone Usage & Facilities Workshop
MARCH	
Mar. 4 to 25	2:30-4 p.m. Job Control Language (Beginning)
Mar. 5	2:30-4 p.m. Introduction to Computer Center Services & Staff
Mar. 18, 20	1:30-3 p.m. Employee Relations Workshop
Mar. 21	9-10:45 p.m. Pre-Retirement Series
APRIL	
Apr. 1, 8	2:30-4 p.m. Job Control Language (Advanced)
Apr. 30	3-5 p.m. Gifts & Endowments—Policies & Procedures Workshop
MAY	
May 7, 14, 21	2:30-4 p.m. Introduction to Computers
May 15	9-11 & 2-4 p.m. Telephone Usage & Facilities Workshop (Repeat)
May 28	2:30-4 p.m. Introduction to Computer Center Services & Staff

Community And Campus Join In VITA

For the third year members of the UCSF campus and community will have access to free assistance in preparing income tax returns. This year, the Volunteer Income Tax Assistance Program (VITA) has twenty-five participants who attended classes from January 7 to February 6. A representative from the Internal Revenue Service teaches federal tax preparation; state income tax preparation is taught by a representative from the California State Franchise Board.

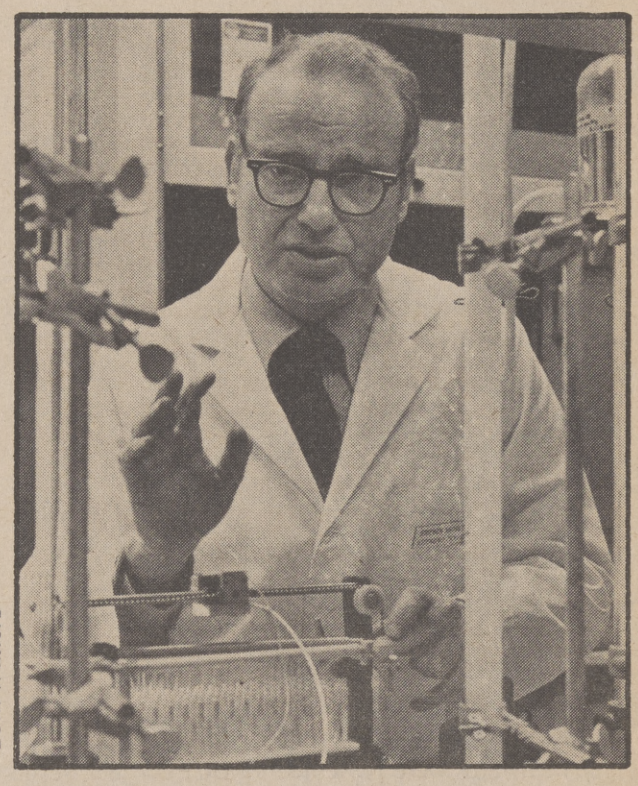
VITA volunteers represent a cross-section of the campus and community and are happy to share what they learned about tax preparation with other members of the campus and community. Last year, VITA volunteers processed 180 IRS tax returns.

Assistance centers have been set up in selected campus locations and they operate once a week during non-working hours. If demand is great enough this year, additional centers will operate twice a week on Tuesdays and Thursdays, through April 15.

Further information about the VITA program can be obtained from the Employee Development Unit at 666-1150. The Employee Development Unit would appreciate suggestions, ideas, and comments about the quality of the program from past and present volunteers, as well as those who have received tax assistance.

Michael Douglas

Cancer Research Director Appointed



Tom Walters

Dr. Stephen B. Shohet, Professor of Medicine and Laboratory Medicine, was recently appointed Director of the Cancer Research Institute at UCSF. He succeeds Dr. David A. Wood, UCSF Professor Emeritus of Pathology.

Graduated magna cum laude in 1956, Dr. Shohet received his medical degree also from Harvard in 1960.

A faculty member of the UCSF School of Medicine since 1971, Dr. Shohet was Director of Clinical Hematology and Hematology Laboratories. His teaching and postdoctoral appointments prior to joining the UCSF faculty were at Children's Hospital Medical Center, Harvard Medical School, Peter Bent Brigham Hospital, the National Cancer Institute, and Beth Israel Hospital in Boston. From 1969-71 he was Assistant Professor of Pediatrics and Associate in Hematology at Harvard Medical School.

Dr. Shohet's research is focused on cell membrane studies and the role of cell membrane in deterring or fostering the growth of cancer cells, particularly in leukemia and Hodgkin's disease.

Charter Day At UCLA

For the first time since 1967, Charter Day Services will be held this year on the UC Los Angeles campus.

UCSF alumni living in the Los Angeles area are invited to attend the 2:30 p.m. ceremonies on April 3. President Charles J. Hitch, retiring at the end of this academic year as chief executive of the University of California, will be featured speaker. The colorful academic rites observe the 107th anniversary of the University's founding.

Free tickets may be obtained by writing to the UCLA Office of Public Affairs, 1104 Murphy Hall, UCLA, Los Angeles, CA 90024, or call (213) 825-2585.

Campus Police Athletic League

The 1974 season of the UC Police Department's PAL (Police Athletic League) baseball program was climaxed with presentation of awards recently at Steninger Gym, Millberry Union.

Officer Bert Aceret, Head Coach and coordinator of the program, reported: "It was an excellent year, both in terms of games won by our teams, and participation by youngsters from various neighborhoods. We started almost five years ago with one team made up mostly of boys from the UC students' housing area, and from Midtown Terrace and Forest Knolls. Now we have three teams, including players from these areas as well as the Haight Ashbury, Diamond Heights, Sunset and Parkside Districts.

"Our Pee Wee team (ages 7-10) went undefeated in 1974, and showed great promise for the future," Officer Aceret continued. "Our Bantam team (ages 10-13) again won the Western Division Title, and the CAL PAL team (ages 13-16) also proved itself a contender, coming back game after game, as far as the semi-finals."

The awards were presented by UCPD Chief Verne Lopes and Lt. Reno Piccinini, to the following:

Pee Wee Team: Each player was presented a certificate of participation by the San Francisco Police Athletic League. UCPD Special Awards went to James Smith, the team's leading hitter, with an average of .882, and to Duffy Aceret, for Most Runs Batted In, with 14 runs.

Bantam Team: Pitcher Kevin Press received the Most Valuable Player Award; David Tapper the award for Leading Hitter, (.800) and Neal Meyers, Most Runs Batted In Award with 10 runs.

CAL PAL Team: John Healy received the Most Valuable Player Award; Matt Pengel, the Pitching Award (4-1); and Steve Rosasco, Most Runs Batted In Award, with 15 runs.

Two awards, conferred for the first time—the new UCPD Leadership Awards—were presented to Bill Kehaley and Mark Hernandez. In 1973, Mark was the winner of the 1973 PAL Scholar Athlete Award. Bill has not only been an outstanding PAL baseball player, he has also been named first string, San Francisco Prep All-City Defensive Tackle, McAteer High School football team.

Special thanks were expressed to the following team coaches: Pee Wee Team, Gary Aceret, John Healy, Mark Hernandez, Dan Won, Steve Rosasco; Bantam Team, Richard Aceret, Al Hansen, and Duane Press; and CAL PAL Team, Mark Pengel, Scott Guzman, and Bob Borbeck.

CAL PAL Team (back row, left to right): Chief V. Lopes, M. Burke, D. Anderson, Coaches S. Guzman, B. Aceret, J. Healy, B. Kehaley, and Lt. R. Piccinini. Front row: T. McCormick, D. Lawrence, S. Kelly, and S. Rosasco. Not present: M. Pengel, M. Hernandez, P. Sass, D. Won, T. Hutcherson, and L. Calderon.

PAL Pee Wee Team (back row, left to right): Chief V. Lopes, B. Wong, K. Reichelderfer, D. Aichert, J. Smith, D. Aceret, and Lt. R. Piccinini. Front row: K. Choy, Coach B. Aceret, and F. Wilsey. Not present: M. Passanisi, P. Passanisi, E. Achuck, S. Carpenter, and G. Ruegg.

PAL Bantam Team (back row, left to right): Chief V. Lopes, C. Willsey, D. Topper, N. Meyers, J. Meisel, N. Kelly, N. Meyers, and Lt. R. Piccinini. Front row: F. Willsey, Coach B. Aceret, D. Aceret. The Acerets played both Pee Wee and Bantam Teams. Not present: K. Press, M. Healy, S. Yun, M. Jensen, M. Gardner, T. Morgan, and C. Morgan.

Hospitals and Clinics: Synergy

Nurse Directs Operating Room Services

Beyond the double doors marked "Surgery" there is a world isolated, in a sense, from the hospital as a whole.

The ten operating rooms in Moffitt Hospital and the four in UC Hospital have a schedule of some 900 surgical procedures a month, including many of the most complex types of operations performed in Northern California.

The operating rooms, staffed around the clock, have their own Nurse-Director, responsible to the Hospitals' Administration; their own budget; and the option of ordering supplies directly from distributors when needed in emergencies.

More than 100 employees are assigned to the UCSF operating rooms, including 44 nurses with special training and operating room experience. The surgical nurse spends most of her time in the operating room area. (Once she has reported for duty and changed into scrub attire, she is not inclined to leave the area, even for meals or coffee breaks.) Unlike other nurses, the typical surgical nurse rarely gets to know her patients whom she sees primarily in the operating room under anesthesia.

Finally, there is a mystique which surrounds the operating room and its personnel, not only for patients facing surgery, but also for many non-surgical employees of the hospital.

A New Approach

What can be done to lessen this mystique? How can the operating room staff overcome their feeling of isolation and detachment? Linda Wessel, R.N., recently appointed Director of UCSF Operating Room Services, has an innovative answer to both questions.

The idea is to bring the surgical nurse to the patient's bedside *before* the operation, to get acquainted and answer questions. The new program of Pre-Operative Visits, scheduled to begin here in late spring, is an outgrowth of Mrs. Wessel's educational work as a member of the National Association of Operating Room Nurses. A training aid for the program will be the 32 minute film, "Pre-Operative Interviewing" which she helped to develop for the Association, and which has been released through the American College of Surgeons Film Library.

Linda Wessel has been an operating room nurse since her graduation from St. Luke's Hospital School of Nursing, Cedar Rapids, Iowa, in 1963. Young, creative and compassionate, she is convinced that *every* nurse needs to cultivate qualities of gentleness and caring. She believes that the operating room nurse who is not given opportunities to meet her patients may tend to become more technically oriented than patient oriented.

While she concedes that not every surgical nurse is suited to pre-operative visiting, she believes that the nurse willing to participate in such a program can perform an invaluable service to the patient and one which will benefit herself as well.

Advantage of Pre-operative Visit

She explains:

"By visiting the patient, preferably the evening before the operation, there is much a surgical nurse can do to ease anxieties. She can help the patient gain a better understanding of and greater confidence in the surgical experience. By being a good listener, she can help the patient to release pent-up emotions. Sometimes there is no one else to whom a patient can fully express his feelings—not even his family for fear of adding to their own worries."

"At the same time, the pre-operative visit helps the surgical nurse to examine her own feelings about life-threatening illness, surgery, the loss of part of one's body, or the prospect of death. With this kind of self-awareness, she can gain new perspective and become a better nurse."

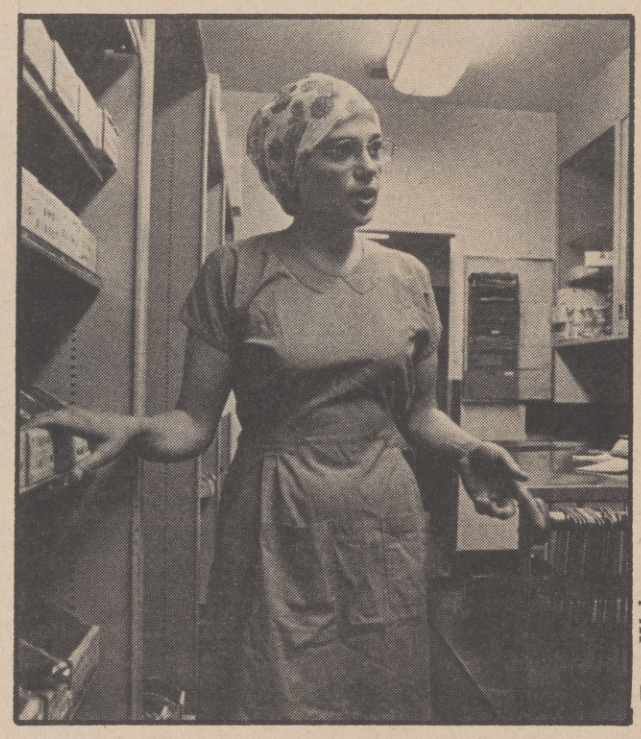
There are no ground rules for pre-operative visiting, Mrs. Wessel notes. What to say and how far to go depends on each specific encounter between nurse and patient. "In some cases, the patient will express anger or denial, or will give in to tears . . . in some cases the nurse will be moved to reach out and physically comfort the patient . . ."

In addition to pre-operative visits, visits to the patient after surgery can be helpful, too. "Then the nurse and patient can look retrospectively at what has happened and at what might have been done to make it easier for the patient," says Mrs. Wessel.

Because it would be impractical to arrange pre-operative visits for every one of the hundreds of surgery patients who come to UCSF, certain priorities will be established as the program gets underway. Among those who can benefit most from the visits are elderly patients, especially those without spouses or close family members; patients to be administered a local anesthetic and thus able to observe the procedures; those scheduled for radical surgery of any kind, or for such operations as mastectomies and hysterectomies.

The program will have special value as a learning experience in this health sciences teaching center, not only for nurses regularly assigned to the Operating Rooms, but for those nursing students who enroll for training in surgical nursing as a senior elective.

Claire Wray



Tom Walters

Linda Wessel, R.N., Director of UCSF Operating Room Services, is responsible for administering the budget and coordinating activities of over 100 employees assigned to the ten operating rooms here. Before coming to UCSF she was Director, Operating Rooms, Medical Center of Central Georgia, Macon, Ga.

Public Service Employees At UCSF

The UC Hospitals and Clinics administration has made 22 full-time positions available for unemployed San Franciscans who qualify for jobs under the Public Service Employment Act.

At UCSF and at a variety of other public service settings, these workers are being assigned primarily to special short-term projects. They are not filling regularly budgeted positions and the program is limited to one year.

Between 750 and 800 San Franciscans will be employed under this federally funded job program, which is administered by the Mayor's Manpower Office. To qualify for the program, applicants must be residents of the City who have been unemployed for 30 days or more. Salaries range to a maximum of $833.00 a month.

The 22 employees assigned to the UC Hospitals and Clinics will be working in the following departments and services: Dietary, Pharmacy, Social Work, Nursing Service, Linen Service and Laundry, Patient Escort Service, Housekeeping, Medical Records, Clinical Laboratories, Clinics Administration, EKG, EEG, and Hospital Radiology.

Disaster Drill Aids Planning

Now that the UC Hospitals and Clinics have staged their first full-scale disaster drill, "Operation Earthquake," what happens next?

A wealth of useful data is being compiled as a result of the disaster drill, which was held on the rainy afternoon of Tuesday, January 28. Over 150 neighborhood volunteers played the role of "casualties" and a cross section of medical center personnel handled the flow of "injured" arriving by ambulance at the Medical Sciences lobby "triage" (patient screening) area.

Many lessons were learned on problems that would be encountered in an actual disaster, such as the need

for traffic control, for maintaining communications, activating auxiliary power equipment, and mobilizing resources to treat a large number of medical emergencies, ranging from heart attacks to critical injuries.

Information on how well these simulated needs were met was collected by participants and observers representing the UCSF Disaster Planning Committee, and visiting observers from Letterman General Hospital. This data will be incorporated into the medical center's official Disaster Plan, reported Dr. John E. Conte, Jr., Assistant Clinical Professor of Medicine, and UCSF Director of Emergency Services. The development and periodic testing of such a plan is a requisite for accreditation by the Joint Commission on Accreditation of Hospitals.

Since other local hospitals also have been developing Disaster Plans, the next logical step should be a coordinated, area wide demonstration of medical response to mass emergency, Dr. Conte points out. He said he hopes that such an exercise will materialize within at least the next two years.

Meanwhile, a Sub-Committee of the UCSF Disaster Planning Committee is holding regular meetings to compile the Disaster Plan. A year from now a more limited campus disaster drill will be held.

Hollis Gray of Hospital Administration is Chairman of the Disaster Planning Sub-Committee, which includes representation from Nursing Administration, Admissions, Social Services, Screening and Acute Care Clinic, Campus Police, and the Public Information Office.

Claire Wray

Financial Counseling For Patients

Taking the worry out of paying for the cost of hospital care is the main purpose behind the two year old UCSF Inpatient Financial Counseling Service.

Located in Room 140 Moffitt Hospital, the service is available seven days a week to any inpatient of the UC Hospitals or member of his family. A staff of counselors, an eligibility worker and a social worker help patients to establish eligibility and to obtain aid through Medi-Cal, other State agencies including the Department of Social Welfare, and miscellaneous sources.

"Patients are welcome to come to us at any time and discuss problems related to their hospital bill," says Staff Supervisor Dorothy Tanner. "However, we encourage them to call us at 666-4966 *before* they enter the hospital so we can explain what coverage is available, help them to select the best alternative, and so that we can begin working on the problem as soon as possible. All patients at UCSF receive the same high quality of care."

"We want to emphasize that we are a counseling and not a collection office," the Supervisor adds. "We like to think that by helping to retrieve the patient's financial worries we are making an important contribution to the patient's overall well-being."

Thank You For Your Gift

Your gifts to the UC Hospitals and Clinics are acknowledged here. They are warmly appreciated in whatever category they were made.

DONOR LIST . . . . . .

Fund/Donor	In Memory of
Various Donors: U.C. Hospitals Memorial Donation Fund	
Mona W. Clark	Lois Hart Pettee
Mr. & Mrs. Gary W. Clark	Lois Hart Pettee
Rene A. Pedefourcq	Jacques Estournes
Various Donors: Madeline Fonti Memorial Fund	
Mark S. Porto	Madeline Fonti
Cynthia Berke	Madeline Fonti
Dim Stavros	Madeline Fonti
Julia Campbell	Madeline Fonti
Pacific Telephone, Region Staff Employment Office	Madeline Fonti
Mrs. Joseph Hoffland	Madeline Fonti
Ms. Pepina Meletis	Madeline Fonti
Mrs. Karen Lucia	Madeline Fonti
Adam Dallara	Madeline Fonti
Mrs. Mary Silvestri	Madeline Fonti
Various Donors: Frances Rose Memorial Fund	
Barbara A. Blair	Frances Rose
Patty Morgan	Frances Rose
Various Donors: U.C. Hospitals Memorial Donations Fund—Oral Surgery	
	For Use by
Bernard Levin, D.D.S.	Needy Oral Surgery Patients
Robert Lundquist	Needy Oral Surgery Patients
Prosthetic Aid Fund	
Bissinger Foundation Trust	Prosthetic appliances

Friends of Langley Porter Gift

A donation of $3,250 was made this month by the Friends of Langley Porter Neuropsychiatric Institute for the Patient's Benefit Fund.

Proceeds from the recent, successful Freud-Jung Symposium at UCSF, sponsored by the Friends of Langley Porter, made this gift possible. The money will be used to supplement ward funds, which are at an all time low, in assistance to needy patients and to purchase special equipment for the Children's and Adult patient units.

Talking Books For Patients

Visually handicapped patients in any area of the UC Hospitals are invited to check out a "talking book" by contacting the Volunteer Office, Extension 1196.

The new service at UCSF, supported through a grant from the Library of Congress, is made available with the cooperation of the San Francisco Public Library which lends the record players, earphones, and recorded readings of a variety of fiction and non fiction, all free of charge.

A new selection of "talking books" is mailed regularly to Mrs. Betty Cunningham, Coordinator of Volunteer Services. She returns them by mail in their special postage prepaid plastic containers after they have served their purpose by entertaining patients with limited vision who can't read regular books or watch television.

Join The Volunteers

Adults who can give a half day, a full day or more each week to volunteer service are needed for a variety of interesting and gratifying assignments in the UC Hospitals and Clinics. There is a pecial need at this time for Spanish-speaking volunteers.

Some of the services performed by the Volunteers include visiting patients, feeding patients, writing letters, taking the book and shopping carts to the patient units, helping with the play program in the Pediatrics unit. Volunteers also serve as Admissions hostesses and escorts, Radiology aides and escorts, work in Central Supply, in the Pharmacy and various research areas, and give clerical assistance throughout the Hospitals and Clinics.

To be a part of the volunteer action at UCSF, call the Volunteer Office for an interview appointment. The number is 666-1196.

The Volunteer Office is seeking donations of books, toys, and games for children of all ages—toddlers to teens—hospitalized in the Pediatrics Unit.

Especially needed, according to Betty Cunningham, Coordinator of Volunteers, are books, records, washable stuffed animals (up to 12″ tall)), games (particularly "Scrabble"), and dictionaries. Baking pans and an electric frying pan would give a lift to activities in the Pediatrics playroom kitchen.

The Volunteers also would welcome donations of yarn, knitting needles, and crochet hooks.

Items should be taken to the Volunteer Office, Room 162, University Hospital.

Auxiliary

New Auxiliary President

Mrs. Robert B. Hutchins, Jr., 33, the youngest and one of the most dynamic presidents ever to head the UC Hospitals Auxiliary, took office at the end of 1974. A member of the Auxiliary's Board of Directors since 1972, she succeeded Mrs. Charles Wells (the former Mrs. Ralph Audy) who has left the Bay Area to reside permanently in her native England.

The new Auxiliary president, a striking brunette with large, expressive brown eyes, was born in St. Louis, but has lived in San Francisco since she was five years old. Married to a trial attorney, she has a five year old son, Douglas.

Energetic, enthusiastic and talented, Shelley Hutchins is active in many community organizations, among them, Suicide Prevention, Inc., the Junior League, and the Little Jim Club of Children's Hospital. She is on the executive committee of the Girls' Recreation Club, is a past Assistant Director of National Aid to Visually Handicapped, Inc., and is a budget panel volunteer for the United Bay Area Crusade.

Mrs. Hutchins is also a registered stockbroker, owns and rides champion quarter horses, and speaks fluent French. (Of French descent, she received part of her early education in European schools.) And, she begins her day regularly at 6:45 a.m. by running a mile-and-a-half route through her Presidio Heights neighborhood!

First of all, she intends to promote more widespread appreciation of the UC Hospitals and Clinics. "The range and quality of services available here is so outstanding, I think we should do everything we can to let as many people as possible know more about them."

Because the Auxiliary represents an important link with the community, this educational effort will begin . with its Board of Directors which will now be holding its monthly meetings on the UCSF campus. In the past, many meetings took place at a downtown restaurant.

"At each meeting, we hope to highlight a specific service, with a special speaker and a tour when possible," she says.

Other programs and projects which help to enhance UCSF's public image will have top priority during her term as Auxiliary president. She feels that providing patient amenities and life-saving equipment are important, too, and is appointing a Project Research Committee to visit the campus and study the many requests the Auxiliary receives to fund worthwhile projects.

An accomplished hostess, Mrs. Hutchins also will do her part to "bring various campus groups together" by entertaining, at her own expense, in her Queen Anne vintage Presidio Heights home.

Last, but not least, she promises a spectacular repeat of the successful "Musical Evening," held for the first time under her chairmanship in February, 1974. The 1975 event will be held in April at a new location (for details, see separate story). The Musical Evening will raise funds to complete the Meditation Room for Moffitt Hospital, a project begun by the immediate past president, Kay Wells, and for other Auxiliary projects.

Serving with Shelley Hutchins on the Executive Committee of the Auxiliary Board are Mrs. Edward S. Liska, Executive Vice-President; Mr. James K. McWilliams, First Vice-President; Mrs. Florence Corder Witter, Second Vice-President; Mr. James G. Shields, Jr., Treasurer; and Mrs. H. C. Mumford, Jr., Secretary.

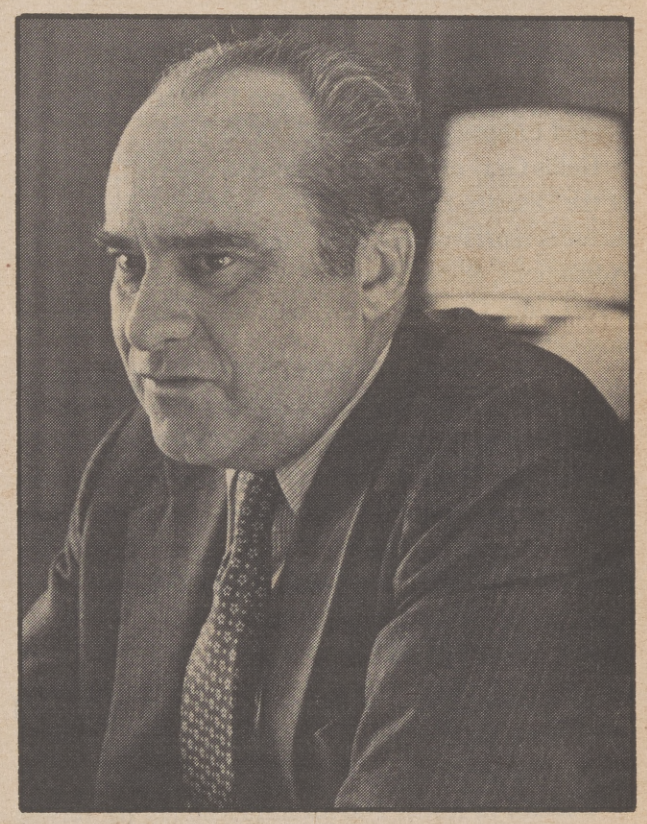
Claire Wray

photos by Tom Walters

Vibrant Mrs. Robert Hutchins, Jr., President of the UC Hospitals Auxiliary Board, presides over her first Executive Committee meeting.

Other Executive Committee members include First Vice-President James K. McWilliams, of McWilliams Co. Investment Advisors, and Executive Vice-President, Mrs. Edward S. Liska.

Mrs. Francis A. Sooy, wife of the Chancellor, was hostess for the meeting, held at University House.



James G. Shields, Jr., of Crocker National Corp., is the new Treasurer of the Auxiliary.

Mrs. H. C. Mumford, Jr., Secretary, takes minutes of the meeting.

SFGH

AUXILIARY MEMBERSHIP
application
U C HOSPITALS

Fill this out and Mail to:
Moffitt Hospital, U.C. San Francisco 94143

NAME_____

ADDRESS_____

Types of Membership:

ACTIVE	$10 per year	CONTRIBUTING	$25 per year
ALUMNI	$10 per year	SUSTAINING	$50 per year
VOLUNTEER (those active in volunteer service at UC Hospitals)	$2 per year	PATRON	$100 per year
		SPONSOR	$150 or more per year
STUDENT (open to all students and their spouses)	$2 per year	LIFE	$500

Membership is tax deductible

School of Pharmacy Gift

Mrs. Robert B. Hutchins, Jr., President, UC Hospitals Auxiliary, expresses warm appreciation for the generous donation to the Meditation Room Fund, received from the School of Pharmacy through Dean Jere E. Goyan.

"With the help of our friends and members of the campus community the long-awaited Meditation Room for patients and families will soon become a reality," reports Mrs. Hutchins. She said that plans for the Meditation Room, to be located on the West Wing, Eighth Floor, Moffitt Hospital, have been submitted by UCSF Architect Suheyl Atil, and Designer Erni Young, and accepted by the Auxiliary Board.

Donations are still needed for the project, and may be sent to the Auxiliary at 1332 Third Avenue, San Francisco, CA 94143.

Another Musical Evening

The second annual "Musical Evening," starring talented members of the UCSF faculty and their families, will be sponsored by the UC Hospitals Auxiliary on Friday, May 16, at 8 p.m., in a new location, the Century Club, 1355 Franklin Street.

Mrs. Edwin G. Bovill and Mrs. Verne T. Inman are co-chairmen. Dr. Ephraim P. Engleman, Professor of Medicine, and an accomplished musician, will serve once again as "Maestro."

Last year's program of classical, light classical, and jazz selections, followed by delectable refreshments, was such a success that the Auxiliary expects to double attendance this year. The Century Club will accommodate an audience of 300.

Further information will be announced in the April issue of *UCSF News*.

SFGH Family Forum

The San Francisco Family Forum, sponsored by the Family Health Center of SFGH, announces the following programs for March: ,

March 6 Henry N. Massie, M.D., Coordinator, Mental Health Services for Children, Outpatient Division, SFGH: "The Early Natural History of Childhood Psychosis."

March 20 Joan E. Blank, M.A., M.P.H., Coordinator of Group Counseling for Women, Sexuality Advisory Counseling Unit, UCSF: "Group Treatment of Women at the Sex Counseling Unit."

These Thursday morning programs are held from 11 to 12:30 in Carr Auditorium, SFGH. For further information, call the Family Health Center, headquarters for the UC Family Practice Residency Program, 648-8200, Extension 461.

Notes

Frank M. Yatsu, M.D., Associate Professor of Neurology, and Chief of Neurology at SFGH since 1969, has accepted the position of Chairman of the Department of Neurology at the University of Oregon Medical School, Portland. He will assume his new position in July.

Phillip Goldstein, M.D., UCSF Associate Professor of Obstetrics and Gynecology, and Chief of Ob-Gyn at SFGH since 1972, will be leaving soon to become Chief of Ob-Gyn at Sinai Hospital, Baltimore, Md., and Associate Professor at Johns Hopkins Medical School. His successor at SFGH has not yet been selected.

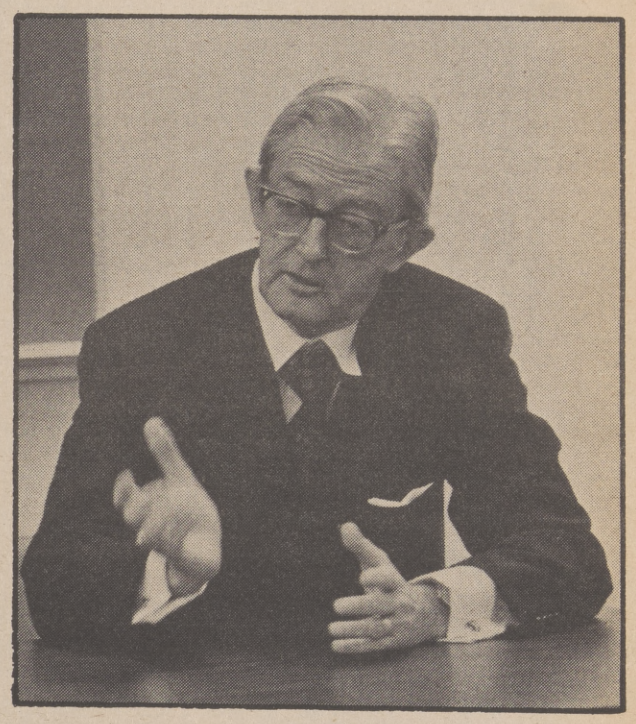
Melvin Cheitlin, M.D., head of the SFGH Cardiology Clinic, was Visiting Professor to the Panama Heart Association and Gorgas General Hospital, Panama Canal Zone, recently. He was also Visiting Scientist, Armed Forces Institute of Pathology, Washington, D.C.

SPRING EVENT

Marin House and Garden Tour led by Marin Symphony Auxiliary
April 2 from 10 to 3:30 p.m.
$15.00 per person, includes sherry and lunch
($3.50 tax deductible for Marin Symphony Fund).
Bus service from San Francisco to Tiburon.
For further information telephone Jeanne Rosinski, 664-2350.

The Faculty Wives Annual Business Meeting and luncheon will be held May 7 at 11:30 a.m. at the home of Mrs. Julius Krevans, 161 Vicente Avenue, Berkeley.
$6.50 for luncheon.

South of Market Health Center



Dr. Francis J. Curry, Director of San Francisco Department of Public Health.

The South of Market Health Center, a satellite clinic of SFGH, is now located in renovated quarters at 551 Minna Street. Working space has more than doubled in the new facility.

A dedication ceremony and symbolic walk from the former clinic quarters, the nearby Canon Kip Community House, to the new clinic, was held on February 6. Keynote speaker was Dr. John Mitchell, Deputy Director of the California Committee on Regional Medical Programs, the HEW grantee for the SFGH Outpatient Improvement Grant.

Francis J. Curry, M.D., Director, Department of Public Health, was present and Mrs. Elouise Westbrook, President of the Board of Directors of the San Francisco Medical Center Outpatient Improvement Program, Inc., presented certificates of appreciation to community residents who helped to create the center in 1970.

Videotapes For Students

Melvin M. Scheinman, M.D., head of the Coronary Care Unit at SFGH, is producing four self-instructional packets for senior medical students. They will be distributed nationwide by the National Medical Audiovisual Center in Atlanta, Ga.

Each packet consists of a 20 minute video-tape and companion study guide on "Acute Myocardial Infarction (Heart Attack) and Its Complications." The material interrelates basic sciences and clinical practice. Assisting Dr. Scheinman in this project are Robert Peters, M.D., a Cardiologist, and Diane Urban, Educational Programmer.

The video-tapes are being filmed at SFGH by the UC Berkeley Television Office, and the project is funded under a grant from the National Institutes of Health and the National Library of Medicine.

University of California
UCSF News 897
1487 Fourth Avenue
San Francisco, California 94143

Nonprofit Org.
U.S. Postage
PAID
San Francisco, California
Permit No. 8285

Inside

A new treatment developed at UCSF stimulates the growth of bone to correct jaw-bones that have developed abnormally. 1

Worn out hip joints, knee-joints, elbows, and others are being replaced with metal and plastic joints by orthopedic surgeons at UCSF. 2

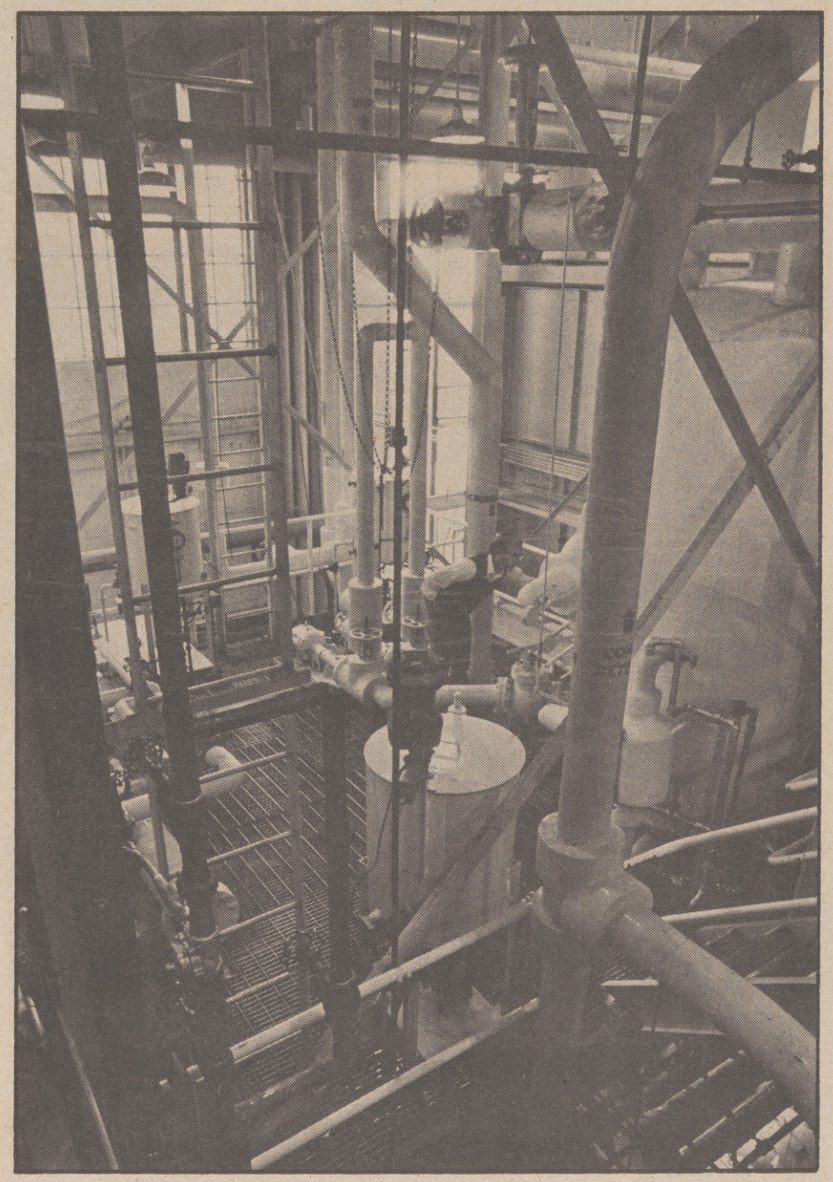
Nurse Bobbie Bloch believes that Black health professionals should assume leadership to improve health care for Black and other minority group patients. 4

The new President of the American Heart Association discusses current goals and top priorities of the Association. 6

The UC Police Department presented police athletic awards to neighborhood children on the UCSF baseball teams. 11

UCSF NEWS

VOLUME II Number 7 February 1975



Vince Carrick, Chief Engineer, checks the level of the deaerator tank. (see page 8)